



**Greenburgh-Graham Union Free School District • Mrs. Amy J. Goodman, Superintendent of Schools**  
**MARTIN LUTHER KING, JR., HIGH SCHOOL**  
1 SOUTH BROADWAY • HASTINGS-ON-HUDSON, NEW YORK 10706  
914.478.1161 • FAX 914.478.2321

**Mr. Paul R. Tobin**  
*Principal*

**Mr. Oliver B. Levy**  
*Assistant Principal*

## **FIELD TRIP PERMISSION FORM**

### **Martin Luther King Jr., High School**

I hereby give my consent for (Student Name) \_\_\_\_\_  
to attend all school-sponsored trips. This includes overnight and out-of-state trips.

#### **Medical Information:**

I understand that the leaders will make every effort to reach me; however, in the event emergency treatment is necessary, I give the trip leaders the right to transport and authorize medical treatment on behalf of my child.

**My child has the following allergies:** \_\_\_\_\_

Phone numbers (with area code) where I can be reached:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Emergency contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
*Parent /Guardian Name (please print)*

\_\_\_\_\_  
*Parent/Guardian Signature*