



KELLENBERG MEMORIAL HIGH SCHOOL

1400 Glenn Curtiss Boulevard ♦ Uniondale, New York 11553-3703
Phone: (516) 292-0200 ♦ Fax: (516) 292-0877 ♦ www.kellenberg.org

ATHLETIC/ACTIVITIES TRIP PARENTAL PERMISSION FORM

Student Name: _____ Date: _____

TRIP INFORMATION (Type Information)

Sport/Activity: _____

Coach/Moderator: _____

Event: _____ Date(s): _____

Accommodations: _____

Transportation Arrangements: _____

Date & Time of Departure from Kellenberg: _____

Date & Time of Return to Kellenberg: _____

EMERGENCY INFORMATION (To be completed by the parents)

Person to contact in case of emergency: _____

Emergency Phone #: _____ Secondary Emergency Phone #: _____

I give my child _____ permission to attend the event
(Please print student's name here)

listed above. I understand that only members of the Kellenberg Memorial staff will be driving the vehicles. Further, I understand that I must pick up my child within one half hour upon return or a taxi will be called at my expense.

(Parents Signature)

(Retain this portion)

Date & Time of Departure from Kellenberg: _____

Date & Time of Return to Kellenberg: _____