

Mount Pearl Senior High



Principal – S. Barry
B.A., B.Ed., M.Ed.

Vice Principals – D.King & Y.St.Croix
B.Sc., B.Ed., M.Ed., B.A., B.Ed., M.Ed

50 Ruth Avenue
Mount Pearl
Newfoundland
A1N 2H5

www.mpsh.ca

CONCORDIA CUM VERITATE

Telephone: (709) 364-8456
Fax: (709) 364-7744

PARENT/GUARDIAN FORM FOR FIELD TRIP/EXCURSION

Student's Name: _____

Address: _____

Postal Code: _____

Home Tel. #: _____ Emergency #: _____

Age: _____ Grade: _____

Medical Conditions and or allergies:

I, the undersigned parent/guardian of the above named student, agree for him/her to

participate in a trip _____ on _____
(place or location) (date)

from approximately _____ am/pm to _____ am/pm.

Signature of Parent/Guardian

Date