

**HUNTINGDON AREA MIDDLE SCHOOL**  
TWENTY-FIVE CASSADY AVENUE  
HUNTINGDON, PA 16652  
Phone (814)-643-2900  
Fax (814) 643- 6513

**Mrs. Deborah Luffy**  
MS and HS Principal



**Mrs. Breanne Venios**  
MS Assistant Principal

**PARENT CONSENT FIELD TRIP**

Please be advised that \_\_\_\_\_ in homeroom \_\_\_\_\_  
(student name)  
has permission to make the following field trip.

**EVENT:** School Wide Positive Behavior Field Day

**DATE:** Friday, October 30, 2015

**LOCATION:** Juniata College Track

**DEPARTURE TIME:** 11:45

**RETURN TIME:** 2:30

**COST TO STUDENT:** There is no cost to the student.

In the event that emergency medical services are necessary, I hereby authorize the physician (s) and staff in the Emergency/Outpatient Department of the treating hospital to provide necessary medical treatment to my minor son/daughter.

List below physical conditions that should be noted by advisors on the field trip as this form must be carried by the teacher(s) in charge.

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_____ Signature of Parent/Guardian	_____ Relationship to Child	
_____ Address		
_____ Telephone	_____ Home and/or Cell	_____ Work

October is Breast Cancer Awareness month and in conjunction we will be having a 15 minute walk during field day to bring awareness to the cause. During the weeks of October 19-23 and 26-29 donations will be collected during HR and all proceeds will be donated to the JC Blair Memorial Hospital Foundation Alliance for Breast Cancer! Thank-you in advance for your support!  
The HR that collects the most money will receive a pizza party!