

WALLINGFORD  SWARTHMORE  
SCHOOL DISTRICT

**SHHS FIELD TRIP PERMISSION FORM**

1. I \_\_\_\_\_ hereby give \_\_\_\_\_  
Parent/Guardian Name Student Name  
permission to go on the field trip to \_\_\_\_\_ on \_\_\_\_\_.

Cost of trip per student (checks payable to WSSD): \_\_\_\_\_ in advance, for bus transportation.

2. Chaperones needed: \_\_\_\_\_

3. Please list a local emergency contact where someone may be reached during the field trip in the event of an emergency.

Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Phone \_\_\_\_\_

4. In case of an emergency, when neither parent(s) nor emergency contact can be reached, I give the school authorities permission to call a physician or take whatever action is deemed necessary, including transporting my child to a local hospital at my expense.

5. Please list below any medical concerns and/or medication that need to be administered during the field trip. Any medication to be administered during the field trip requires a physician instruction, written parent permission and the medication in its original container.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_