

WALLINGFORD  SWARTHMORE
SCHOOL DISTRICT

SHMS FIELD TRIP PERMISSION

1. I _____ hereby give _____
Parent/Guardian Student
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 _____