

## Field Trip Permission Form

- I \_\_\_\_\_ hereby give \_\_\_\_\_  
(Parent/Guardian Name) (Student Name)  
permission to go on the field trip to \_\_\_\_\_  
(Location of trip)  
on \_\_\_\_\_ during the hours of \_\_\_\_\_  
(Date of trip) (Time of trip)
- Cost of trip per student (**checks payable to WSSD**): N/A
- Chaperone needed: Yes Chaperone Cost: N/A  
Are you available to chaperone if needed? **Yes or No**
- 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 # \_\_\_\_\_
- 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.
- 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 \_\_\_\_\_