

CENTRAL HIGH SCHOOL DISTRICT OF WESTOSHA

Field Trip Permission Slip

Student Name:

Date of trip: Thursday, October 22<sup>nd</sup>

Class or activity sponsoring the trip: **Student Service Department**

Teacher/staff member in charge of the trip: **T. Collins**

Destination: **Gateway Technical College (iMET Center)  
Manufacturing Expo**

Please turn in permission slips to Mrs. Anderson by Tuesday, October 20<sup>th</sup>. Space is limited to the first 25 students!

Time that the trip will occur: From **8:00 a.m.** to **12:00 a.m.**

Transportation will be provided by:  school contracted bus  
 vehicle driven by Central staff member

PARENT/STUDENT SECTION – PLEASE COMPLETE THE LOWER SECTION AND RETURN IT TO THE SPONSORING TEACHER/DEPARTMENT.

I understand that I may withhold my permission for my child to participate in this field trip. I agree to hold Central High School District of Westosha harmless and waive any claims of liability against the school district for events arising out of my child’s participation in this field trip.

Please check one of the two choices listed below.

Permission *is granted* for \_\_\_\_\_ to go on the school  
(Student’s name)

sponsored field trip to **Gateway Technical College (iMET Center)** which is scheduled for **Thursday, October 22<sup>nd</sup>**.  
(Destination) (Date)

Parent/Guardian name \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency phone number for the day of the trip Phone \_\_\_\_\_

Emergency contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

**Special Medical Information.** Please list any special needs or medical issues that the teacher needs to be aware of. (ex. Medication, allergies, etc.)

\_\_\_\_\_

\_\_\_\_\_  
(Parent signature)

(Date signed) \_\_\_\_\_

\_\_\_\_\_  
(Student signature)

(Date signed) \_\_\_\_\_

*Permission slips are due to Mrs. Anderson in the Attendance Office by Tuesday, October 20<sup>th</sup>!*