

**FIELD TRIP PERMISSION SLIP**

Date of Field Trip \_\_\_\_\_ Destination \_\_\_\_\_

Address/Phone # \_\_\_\_\_

Sponsor of Field Trip \_\_\_\_\_

Department/Class/Group \_\_\_\_\_

Method of transportation \_\_\_\_\_ Cost of trip \_\_\_\_\_

Time of departure \_\_\_\_\_ Time of return \_\_\_\_\_

Upon arrival students may be picked up at \_\_\_\_\_

(If trip is to arrive much before or after estimated time, WSBS will be contacted to announce the new arrival time.)

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PLEASE DETACH AND RETURN THE BOTTOM PORTION OF THIS FORM.

Student's name: \_\_\_\_\_ has my permission to participate in the  
\_\_\_\_\_ field trip on \_\_\_\_\_.

I am aware of the details listed above.

\_\_\_\_\_  
Date Parent's/Guardian's Signature

Return this slip to \_\_\_\_\_ By \_\_\_\_\_

Does your son/daughter have an allergy/medical condition that we should be aware of? Please explain \_\_\_\_\_

Will your child need medication with him/her for this condition? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please contact:**

Mrs. Moran at 229-8734 ext 111 for trips from Mt. Everett.

Mrs. Teutsch at 229-8754 ext. 389 for trips from Undermountain.

Mrs. Vallianos at 229-8867 for trips from NMC, Monterey, or South Egremont.

A written medication order must be obtained from physician along with written permission from a parent for ANY MEDICATION to be given.

**PARENTS' CONSENT FOR MEDICAL/EMERGENCY TREATMENT**

I give authority to \_\_\_\_\_ staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified of such treatment as soon as possible:

\_\_\_\_\_  
Signature Relationship Date