

WALPOLE HIGH SCHOOL
FIELD TRIP PERMISSION SLIP

I give my permission for _____(student) to participate in the following special activity offered by Walpole High School:

EVENT: **FIRST Tech Challenge MA Qualifier Competition**

PLACE: **Middlesex Community College - Bedford, MA**

DATE: **Saturday 1/19, 7:30 AM**

APPROXIMATE TIME OF RETURN: **6:00 PM**

MEANS OF TRANSPORTATION: **Volunteer Auto**

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____

_____ is a student at Walpole High School. In case of emergency, please contact Walpole High School at (508) 660-7257.

Telephone number(s) where parent can be contacted in case of emergency:

Any medical information teacher should be aware of on the field trip: (e.g., allergies, bee stings, etc.)

Permission slip must be returned to teacher.

I understand that every effort will be made to contact me if a medical emergency should occur. However, if I cannot be contacted, or where time is of the essence, I hereby give permission to medical personnel to provide such medical treatment as is deemed necessary. **(PLEASE SIGN BELOW TO INDICATE YOUR INTENTION.)**

PERMISSION GRANTED: _____

PERMISSION

DENIED: _____

Revised 10/96 kw