

WOODVIEW ELEMENTARY SCHOOL
600 5TH AVENUE
GRAFTON, WI
376-5750

I, _____ parent/guardian of _____
(Full name of parent/guardian) *(Full name of student)*

hereby authorize my child to be treated by a licensed physician in the event of an emergency arising while participating in a Grafton Public School sponsored trip or activity.

Parent or Legal Guardian Signature

Home Address

Home Telephone Number

Cell Phone Number

Mother's Work Number

Father's Work Number

Please use the space below to list any additional information which you feel would be helpful to a physician attending your child (allergic to penicillin, diabetic, etc.)

(Please Sign Both Sides)

Student's Name: _____

Teacher: _____

Grade: _____

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To eliminate frequent requests during the school year to obtain permission for your child's participation on field trips, we are requesting your signature which will indicate your approval for the 2012-2013 school year.

Teachers will continue to inform you of these activities. Should their plans cause concern and you feel participation would not concur with your wishes, a written note will cancel this permission for that particular event.

Parent or Legal Guardian Signature

(Please Sign Both Sides)