



WHEATON ACADEMY

Activity / Field Trip Permission Form

_____ has my permission to participate in the FAN BUS TO SOCCER GAME
(Name of Student) (Class or Sponsoring Group)

activity/field trip to SOLORIO ACADEMY, CHICAGO on TUESDAY, OCTOBER 30*
(Destination) (Date)

***BUS LEAVES AT 2:50 P.M. AND WILL RETURN AROUND 7:00 P.M.**

- Yes, the following *changes* have occurred with our *medical information and/or health insurance* since August, 2012 _____
- Yes, I/we have contacted the Wheaton Academy school nurse with any *medical changes* or conditions that have occurred since August, 2012.
- No, there have been *no changes* in our *medical information or health insurance* since August '12.
- I/we will remind our child to bring his/her *medications* with him/her *on the trip*.

In the event neither parent can be reached in an emergency, I/we hereby give a school official permission to take my/our child to the nearest hospital for treatment while attempting to reach parent. I/we agree to hold such person "harmless and free of any legal responsibility" of any claims, demands, or suit for damages arising from this action.

(Print Parent/Guardian Name)

(Emergency Telephone #)

(Parent/Guardian Signature)

(Date)

(Emergency Contact if parent cannot be reached)

(Emergency Telephone #)