

# Waukesha West High School

## Parent Field Trip Permission Slip



Teacher's Name : \_\_\_\_\_

Teacher's e-mail: \_\_\_\_\_ Teacher's Phone: \_\_\_\_\_

Class(es) Attending Field Trip: \_\_\_\_\_

Field Trip Destination: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_

Time Leaving: \_\_\_\_\_ Time Returning: \_\_\_\_\_

By the end of this field trip your student will know and be able to:

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*Bottom Portion to be completed by parent or guardian and returned to teacher*

Although a field trip is a school activity, it is also optional. If you do not want your student to participate, an alternative in-school activity will be arranged. If permission is granted and the student goes on the field trip, all policies in regard to responsibilities for attendance and behavior do apply.

Please sign below if you are willing to give permission for this field trip.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are there any health concerns that we should be aware of? (medication, illness, etc.)

NO  YES - If yes, please explain:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student I.D. # \_\_\_\_\_