WEST SHORE SCHOOL DISTRICT

**Elementary School Field Trip Form**

*For use under Board Policy 121: Field Trips. Form must be signed and returned before the student will be permitted to participate in any off-campus activities.*

|  |  |  |  |
| --- | --- | --- | --- |
| School: |  | Grade: |  |

|  |  |
| --- | --- |
| Destination: |  |

|  |  |
| --- | --- |
| Date(s) of Field Trip: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Departure Time: |  | Return Time: |  |

Additional Information Regarding the Field Trip:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| ***Please detach and return to your child’s teacher by:*** |  |

**Parent Permission Slip**

***To be completed by student’s Parent/Guardian and returned to***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student’s Last Name | First Name | Grade |

I/We **DO**  **DO NOT** grant permission for our child to participate in the class field trip.

**If your child has medical considerations or medical needs, please list those below.** Arrangements for your child to receive medication during the field trip must be made with the school nurse no later than 24 hours before the trip.

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|  |

**Please list two emergency contacts:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  |  |  |
|  | Name | Relationship to Student | Phone # |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. |  |  |  |
|  | Name | Relationship to Student | Phone # |

I have my District volunteer clearances and would be interested in being a chaperone.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Parent/Guardian Name: |  | | |
| Parent/Guardian Signature: |  | Date: |  |