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.

|  |
| --- |
|  |
|  |

**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: |  |