WEST SHORE SCHOOL DISTRICT

**High School Field Trip - Parent Permission 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.*

TO BE COMPLETED BY SCHOOL/ADVISOR

|  |  |  |  |
| --- | --- | --- | --- |
| Return form to: |       | Deadline: |       |

|  |  |
| --- | --- |
| Purpose of Trip:  |       |

|  |  |
| --- | --- |
| Destination and Date(s):  |       |

|  |  |
| --- | --- |
| School/Group:  |       |

TO BE COMPLETED BY PARENT/GUARDIAN

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

I/We**[ ]  DO** **[ ]  DO NOT** grant permission for our child to participate in the field trip named above.

***If permission to attend the activity is granted, please check all that apply:***

**I/We grant consent for him/her to be transported in the following way(s):**[ ]  District Transportation (Bus/Van) [ ]  District Staff Member’s Personal Vehicle

[ ]  My child may drive to the location. [ ]  My child may ride with another student driver.

**I/We grant consent for:**

Student photo use by the District in print and on social media [ ]  Yes [ ]  No

Student photo use by the News Media in print and on social media [ ]  Yes [ ]  No

**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 # |

***Required Signatures:***

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

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Signature: |  | Date: |  |