



Westerly High School Field Trip Permission Slips

My student (print name) _____ has permission to attend _____ field trip on _____ (date)

Time of departure is scheduled for _____ and students will return to school at approximately _____ Cost: _____

Teacher's Name _____

In case of emergency, I hereby authorize my child to be treated by certified emergency personnel (i.e., EMT, first responder, ER physician). Permission is granted to those in charge to seek Emergency Medical Care for my child when necessary.

Student Name _____ Date of Birth _____

Student Address _____

Medical Allergies _____

Health Insurance Name and Policy # (optional) _____

Doctor's Name and Phone # _____

Parent/Guardian Name (*please print*) _____

Parent/Guardian Signature

Daytime Phone #

Cell Phone #

Emergency Contact

Daytime Phone #

Cell Phone #