

I, \_\_\_\_\_ (Parent(s) Name), permit my child,  
\_\_\_\_\_, to participate in the trip to  
\_\_\_\_\_.

I understand that this trip is part of the Corporation's educational program and provides a learning experience of educational value to my child.

I further understand that the activities associated with this trip are such that my child cannot be supervised by school staff during certain segments of the trip and shall hold the Corporation harmless from any liability for my child's welfare while s/he is participating in those unsupervised activities.

\_\_\_\_\_  
Parent, Guardian, or Custodian Signature

\_\_\_\_\_  
Date

In addition, I authorize the school, or any of its agents, employees, or volunteers, to secure reasonable medical treatment for my child and I hereby appoint such representative of Western School Corporation to consent for all medical and/or surgical treatment and/or medical procedures which may be required in the event of an emergency. I understand if time permits, I will be consulted and advised of the situation, and this authorization is used only in the event of an emergency.

\_\_\_\_\_  
Parent, Guardian, or Custodian Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

In conjunction with the event described above, I am hereby providing the school with the following information regarding my child.

In case of emergency, and the parent or guardian cannot be located, please call the following individual:

Emergency Contact: \_\_\_\_\_

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

Allergies of child: \_\_\_\_\_

Health concerns: \_\_\_\_\_

Other concerns: \_\_\_\_\_

\*THE PARENT-STUDENT PERMISSION SLIP MUST BE IN THE POSSESSION OF THE STAFF MEMBER IN CHARGE OF THE FIELD TRIP IN CASE OF AN EMERGENCY.

