

Western School Corporation PARENT-STUDENT PERMISSION SLIP



Name of student: _____

Date of event: _____

Description of event: _____

Estimated departure time from school: _____

Estimated return time to school: _____

I hereby give permission for my child to participate in the educational, athletic, or extracurricular field trip described below. During such event, if it shall be necessary for my child to receive medical treatment for any illness, injury or emergency, 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 of child: _____

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.**