

# Field Trip

## Wellpinit School District Activity Permission Form

\_\_\_\_\_ HAS MY PERMISSION TO TRAVEL BY SCHOOL SANCTIONED TRANSPORTATION FOR THE PURPOSE OF PARTICIPATING IN THE FOLLOWING SCHOOL SANCTIONED ACTIVITY. I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE MEDICAL TREATMENT OR HOSPITALIZATION FOR ANY INJURY, BY A PHYSICIAN DESIGNATED BY A SCHOOL OFFICIAL.

ACTIVITY: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

TIME OF DEPARTURE: \_\_\_\_\_ TIME OF RETURN: \_\_\_\_\_

ACTIVITY ADVISORS: \_\_\_\_\_

LIST ANY MEDICAL CONDITIONS, ALLERGIES, OR MEDICATIONS:

\_\_\_\_\_  
In case of emergency, please list a phone number where you can be reached today:

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

