

Worcester Central School

Field Trip Permission

Student: _____

A school-sponsored trip is being planned by the _____
(Name of Class / Organization)

under the direction of _____
{Advisor(s) / Chaperone(s)}

to _____ on _____
(Destination) (Date)

TRIP ITINERARY:

Departure From School: _____ **Return To school:** _____

Mode of Transportation: _____

REQUIRED INFORMATION:

Mother/Guardian Name: _____ **Home Phone:** _____ **Work Phone:** _____
(cell)

Father/Guardian Name: _____ **Home Phone:** _____ **Work Phone:** _____
(cell)

Emergency: _____ **Home Phone:** _____ **Work Phone:** _____
(cell)

Medical Condition(s) of which Advisors/Chaperones should be aware: _____

Medications: _____
Name Amount Taken Time Taken Frequency

Name Amount Taken Time Taken Frequency

SIGNATURE STATEMENT:

I have read this permission form and hereby grant permission for participation of my Child

_____, in the school-sponsored trip as described herein.
I authorize any necessary medical treatment for my child while participating in the field trip described herein.

Signature: _____

Date: _____