

WESTLAKE HIGH SCHOOL
825 West Lake Drive
Thornwood, NY 10594
FIELD TRIP PERMISSION SLIP

Student's Name: _____

Name of Group/Class Attending Trip: _____

Destination: _____

Travel Date(s): _____

Departure Time: _____ Approximate Return Time: _____

Form Must Be Returned by: _____

Emergency Contacts (2): (night phone # is required for all long duration trips)

Name: _____ Relationship to Student _____

Day Phone # _____ Night Phone # _____ Cell Phone # _____

Name: _____ Relationship to Student _____

Day Phone # _____ Night Phone # _____ Cell Phone # _____

I understand that the leaders will make every attempt to reach me, but in the event emergency treatment is necessary, I give the trip leaders the right to transport and authorize medical treatment on behalf of my child.

My child's physician is: _____

Physician's Phone & Address: _____

Does your child have any condition which requires **medication or medical supervision?**

Medication _____ NO _____ YES – Medication(s) _____

Medical Supervision _____ NO _____ YES – Please Explain _____

My child and I have read and understand the school's code of conduct for trips. We agree to abide by these rules.

Parent/ Guardian does hereby covenant and agree to release and hold harmless the Mount Pleasant CSD from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in this trip.

Student's Signature: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (Print): _____