

PERMISSION SLIP

My son/daughter _____ has permission to attend the two day overnight trip to Old Sturbridge Village and Lowell, Massachusetts on April 11 and 12, 2019 with The Birch Wathen Lenox School. I understand that all school rules will be enforced and any serious infraction will result in my needing to come and get my child.

I have listed below any allergies and/or medical issues that the school needs to be aware of and will give any medications and directions for their dosage to the teachers in charge.

I have also listed the telephone and cell phone numbers for myself and for an emergency contact should that be necessary.

(Parent or Guardian)

(Date)

(Student signature accepting responsibility for his/her behavior)

(Date)

Phone numbers:

Known allergies: _____

Medications:

_____ Parent will pick up student at BWL on April 12th.

_____ Student may go home unescorted after the trip.