

WEST VALLEY CENTRAL SCHOOL

FIELD TRIP PERMISSION FORM

Field trip Location: _____

Date: _____

Leaving Time: _____ Returning Time: _____

I hereby give permission for my child _____
to attend the above school sponsored trip.

Parent/Guardian Signature

Date

Phone Number

Are there any allergies or medical conditions we should be aware of?

In the event of an emergency, who should be contacted?

Emergency Contact

Phone Number

Preferred Hospital: _____