

School-Related Student Trip Permission Slip and Medical Release Form

Student's Name _____ School Western Hills High School Grade ____ Homeroom _____ <input type="checkbox"/> All school-related trips for the _____ school year: OR <input checked="" type="checkbox"/> Field Trip Date(s) <u>Monday, February 27</u> Destination <u>University of Louisville Louisville, KY</u> Alternate Destination, if applicable _____ Mode of Transportation <u>FCPS Bus</u> Cost to student, if applicable <u>approx. \$10.00 (lunch)</u>
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I hereby give permission for my child to participate in the above mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/Guardian Signature _____

Date _____

Please return this form to your child's teacher.

Review/Revised 6/19/00