

**School-Related Student Trip Permission Slip and Medical Release Form**

Student's Name _____ School <b>Western Hills High School</b> Grade _____ <input type="checkbox"/> All school-related trips for the _____ school year: OR <input checked="" type="checkbox"/> Field Trip Date(s) <u>Feb. 29, March 1, 2, 2012</u> Destination <u>Lafayette HS &amp; Singletary Center, Lexington</u> Alternate Destination, if applicable _____
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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

## Gospel Festival Parent Pick-up Release

I, \_\_\_\_\_ will pick up my child, \_\_\_\_\_  
(parent) (student)

following the Gospel Festival performance on Friday, March 2nd from the UK Singletary Center for the Arts and will release responsibilities of my child from Ms. Duckworth and Western Hills High School.

Signed \_\_\_\_\_  
(parent/guardian) (date)

\*The student may only leave with a parent/guardian and must check out with Ms. Duckworth prior to leaving with parents.