

Waukesha West High School

Parent Field Trip Permission Slip



Teacher's Name : _____

Teacher's e-mail: _____ Teacher's Phone: _____

Class(es) Attending Field Trip: _____

Field Trip Destination: _____

Date of Field Trip: _____

Time Leaving: _____ Time Returning: _____

By the end of this field trip your student will know and be able to:

Bottom Portion to be completed by parent or guardian and returned to teacher

Although a field trip is a school activity, it is also optional. If you do not want your student to participate, an alternative in-school activity will be arranged. If permission is granted and the student goes on the field trip, all policies in regard to responsibilities for attendance and behavior do apply.

Please sign below if you are willing to give permission for this field trip.

Parent Signature _____ Date _____

Emergency Contact Information:

Name: _____ Relationship to Student: _____

Phone Number: _____

Are there any health concerns that we should be aware of? (medication, illness, etc.)

NO YES - If yes, please explain:

Student Name: _____ Grade: _____

Student I.D. # _____