

WISHKAH VALLEY SCHOOL DISTRICT # 117

School Field Trip Permission Slip

Dear Parents/Guardians,

Our class/club _____

will be going on a field trip to _____

Date _____

Times _____

Cost of trip (not covered by class funds) _____ student _____ adults

Special Notes

Student _____

Name of parent/guardian _____

Contact phone # _____

Alternate contact phone # _____

I, the parent or guardians of the above named student give my permission for my child to participate in the field trip described above.

Parent/Guardian signature _____ Date _____

Medical Information and Release

Please list any health problems concerning your child and/or medications/other instructions.

