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**FIELD TRIP PERMISSION REPORT**

**WILLARD HIGH SCHOOL**

# STEWART PRATT, PRINCIPAL

**Please complete and return to your ROTC instructor**.

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Field Trip

Date(s) of Field Trip

Time Leaving Time Returning

Method of Transportation

In Case of Emergency Please Call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business/Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An Alternate Contact for Emergency, if above Person Can’t be reached

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information (Please indicate any medical problems, such as medications or allergies which might require emergency treatment while attending this trip.)

Family Physicians Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission is granted for the above named student to attend the field trip. I release Willard School District RII from any liability for any injury to my son/daughter while attending this field trip. I understand my son/daughter is responsible for obtaining school assignments and turning in assignments by the deadline set by the teachers of the classes missed.

**Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_**