



Washington-Caldwell School District

8937 Big Bend Road, Waterford, WI 53185

Phone: (262) 662-3466; (262) 895-7972 Fax: (262) 662-9888

www.washcald.com

Field Trip Permission Form

Date: May 9, 2018 Time: 10:00 a.m.

Location: Miller Park, Milwaukee, WI

Transportation: Bus

Items to Bring: Please see field trip information letter

Please Return This Form by: To Ms. Bozio on Friday, April 20, 2018

If interested in chaperoning this trip, please check box

I, _____ (parent name), give permission to my son/daughter _____ (student's name), to attend the above mentioned field trip.

By signing below and in consideration for being allowed to participate in this field trip, we agree to assume all risks and responsibilities related to the student's participation in this field trip. We agree to indemnify and hold the Washington- Caldwell School District harmless from any and all claims and damages resulting from or relating to any accident or injury that occurs while the student is participating in the field trip and/or is being transported to or from the location described above. We further agree to accept full responsibility and agree to indemnify behavior or actions during the field trip. In case of an emergency, we authorize the School District to seek medical attention for the student and grant permission for necessary medical treatment to be given. We also consent to the health care provider advising school district personnel of the nature of any injury or illness and anticipated emergency treatment for purposes of communicating such information to us. We will accept responsibility for the costs of any such medical treatment.

Please list the student's medications, allergies and/or health conditions here:

Parent/Guardian Signature: _____

Best Daytime Phone number in case of an Emergency: _____

Emergency Contact Name _____ Phone #: _____

Date: _____