

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:	<u>May 9, 2018</u>	Tim	e:		<u>10:00 a.m.</u>
Location	: <u>Miller Park, Mi</u>	<u>lwaukee, Wl</u>			
	rtation: <u>Bus</u>				
Items to	Bring: <u>Please se</u>	<u>ee field trip informatio</u>	<u>ı let</u>	<u>ter</u>	
Please R	eturn This Form by:	To Ms. Bozio on Fr	<u>day,</u>	, <u>April 2</u>	<u>20, 2018</u>
<u>If intere</u>	ested in chaperoning t	<u>his trip, please check</u>	<u>box</u>	:]
son/dau	ghter re mentioned field trip.				ne), give permission to my (student's name), to attend
indemnify damages in the fiel to accept an emerg permissic advising s treatmen costs of a	y and hold the Washingtoresulting from or relating d trip and/or is being trafull responsibility and agency, we authorize the Son for necessary medical school district personnel	on- Caldwell School Distrig to any accident or injur- nsported to or from the gree to indemnify behaving the seek means to seek means treatment to be given. Not the nature of any injuring such information and the section of the nature of any injuring the section of the section of the nature of any injuring the section of the section o	ict hay that located or or edical We arry or noto	narmless at occur tion des r actions al attenti also cons r illness a o us. We	ion in this field trip. We agree to a from any and all claims and as while the student is participating scribed above. We further agree is during the field trip. In case of a dion for the student and grant sent to the health care provider and anticipated emergency is will accept responsibility for the conditions here:
Parent/0	Guardian Signature:				
Best Day	rtime Phone number in	n case of an Emergenc	y:		
Emerger	cy Contact Name			P	hone #:
Date:					