

# WCPS Field Trip Permission Form



Dear Parent or Guardian,

Your child is invited to participate in a field trip. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by \_\_\_\_\_  
*date*

Field Trip Information:

School: \_\_\_\_\_

Date: \_\_\_\_\_

Location (include city & state): \_\_\_\_\_

Purpose: \_\_\_\_\_

Cost: \_\_\_\_\_

Cash or check payable to: \_\_\_\_\_

Means of Transportation: \_\_\_\_\_

Departure Time \_\_\_\_\_ Return time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\* In the event of cancellation, due to safety or unforeseen circumstances, WCPS reserves the right to revoke approval. WCPS will make all reasonable efforts to minimize loss of deposits or obtain refunds, however, by signing the bottom of this permission slip, you acknowledge that there is a potential for loss.

*Save this part of the form for future reference.*

Cut here-----Cut here



Complete this part of the form and return it to your child's teacher.

## WCPS Field Trip Permission Form

\_\_\_\_\_ has permission to attend a field trip to \_\_\_\_\_ on  
*Student Name* *location*  
\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_.  
*day* *date*

Enclosed, please find cash/check, in the amount of \_\_\_\_\_ to cover the cost of the trip. I give my  
*amount*  
permission for \_\_\_\_\_ to receive emergency medical treatment.  
*Student Name*

Allergies/medical information: \_\_\_\_\_

*In an emergency, please contact:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Emergency Contact name* *Emergency Contact phone number*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Emergency Contact name* *Emergency Contact phone number*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_