



School Field Trip Permission Form

Please Return this Form to the School by: Friday, June 8th

Child's Name: _____ Homeroom: _____

Parent/Guardian Name: _____

Parent/Guradian Phone number: _____

Type of Transportation: _____ Bus _____ Student Cost: _____

Time of Departure: 10 AM Time of Return: 1:30 PM

I give permission for my son/daughter _____ to attend the school field trip to M&T Plaza on June 13th.

My signature below evidences that I accept general liability for the participation of my child in the field trip identified above and that I agree to indemnify and hold harmless Westminster Community Charter School, its staff, its sponsors, its governing board, and other participating agents, either jointly or severally, from and against any and all claims, injuries, damages, losses, costs, or causes of action that may arise in connection with this field trip.

Medical Release

Whenever injury or emergency illness occurs to the student listed below while the student is under the supervision of Westminster Community Charter School staff, every attempt will be made to notify the parent or guardian immediately. However, if the parent or guardian is not available and it is felt that emergency treatment is indicated, the signatures below by the parent/guardian will allow the student to be transferred and treated in a timely fashion. The intention of this form is to grant authority to administer emergency treatment of any and all medical conditions.

Please supply the following information, if applicable:

Medical conditions: _____

Medications: _____

Name and Phone Number of person to contact if parent cannot be reached:

Name: _____ Phone Number: _____

Parent/ Guardian Signature _____ **Date:** _____