

Woodridge Local School District

PARENT/GUARDIAN CONSENT FOR TRIP

I hereby give my parental permission for my son/daughter _____ to attend the _____ Field Trip on _____.
Date

Departure time from Woodridge will be at _____. Students will arrive back at Woodridge at approximately _____. Transportation will be _____ The cost is _____ per student which will include _____. Special dress requirements to be in effect: _____

All Woodridge Local School rules will be in effect at all times during the trip. For further information please call _____ at _____. The _____ fee is due on _____ along with this permission form.

I further understand that the staff member(s) who will accompany the students on this field trip, will exercise the necessary and appropriate duty of care for them pursuant to Board Policy 3213, including, but not limited to, administering medication, if required, or seeking emergency medical attention, if need be.

Parent/Guardian signature _____

Date _____

Home Phone _____

Mother's/Guardian Work Phone _____

Father's/Guardian Work Phone _____

EMERGENCY MEDICAL AUTHORIZATION

In the event that reasonable attempts to contact parents at the above phone numbers have been unsuccessful, I hereby give my consent for the administration of emergency medical treatment deemed necessary by any licensed physician or dentist. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Parent/Guardian

Address

Date