



Washington County School District
PARENTAL CONSENT AND PERMISSION
FOR OUT-OF-SCHOOL ACTIVITY

Date: ____ / ____ / ____

Student: _____ Grade: _____

Dear Parent/Guardian:

Your child has been invited to participate in a field trip activity to _____
 _____ on _____
(date)

During this trip, it is anticipated that your student will participate in the following activity(ies):

It is the intent that this trip will accomplish the following educational purpose(s):

My child has a medical condition requiring special accommodations: Yes No

Requested accommodations: _____

The following health concerns should be noted and adequate precautions taken (list allergies, medications, special diets, diabetes, heart disease, hemophilia, etc.) _____

Your signature below indicates your consent for your child to participate. It also indicates that you understand that if any injury occurs, the school will make reasonable efforts to contact you. In the meantime, you give permission, in the event of injury, that your student may receive emergency medical aid, anesthesia, and/or operation if, in the opinion of the attending physician, such treatment is medically necessary.

Signature (Parent/Guardian)

Date

Print Name

Home/Cell Phone: _____

Work Phone: _____

Emergency Contact: Name: _____ Phone Number: _____