



Field Trip Permission 2018-2019

I authorize _____ to attend West Sound Academy field trips and extended trips. I understand transportation for field trips will be via private car, van or charter bus during the 2018-2019 school year.

If my child becomes ill or requires medical attention and the school is unable to reach me, the staff of West Sound Academy has my permission to authorize medical treatment and/or provide transportation to the closest clinic/hospital. If 9-1-1 is called with paramedic services being needed, I authorize West Sound Academy staff to authorize emergency treatment and transport to the hospital.

I further understand every attempt will be made to contact me should such an emergency occur and that I would be financially responsible for any medical expenses.

I understand the Academy will provide details of field trips as they are scheduled as well as specific permission forms for extended trips.

This form must be signed and returned to the school before my child may participate in field trip activities.

Print Parent/Guardian Name

Parent/Guardian Signature

Daytime Phone #

Cell Phone #