



West Valley School District #208
8902 Zier Road
Yakima, WA 98908

(509) 972-6000
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Field Trip Permission Form

SECTION I. IDENTIFYING INFORMATION

SCHOOL: _____ DATE: _____

STUDENT'S NAME: _____ GRADE: _____ TEACHER: _____

SECTION II. NOTIFICATION TO PARENT

_____ Is planning a field trip for _____ to _____
Teacher Group/Class Location/Event

The trip will depart at: _____ on _____ and will return at: _____ on _____

The transportation is planned to be by: District Bus District Van/Suburban Private Car Other: _____ Teacher's Signature: _____

SPECIAL PROVISIONS FOR OUT-OF-TOWN TRIPS

The principal/school board has given their permission according to District Policy 2320. District Policy 3240 defines behavior requirements of students and discipline procedures. In the event students are found in violation of this policy, parents will receive a phone call and be consulted regarding the return of their student from the field trip. Students may be subject to discipline the first regular day of school following the trip.

PLEASE KEEP THIS TOP PORTION FOR YOUR INFORMATION

RETURN THE BOTTOM PORTION TO YOUR STUDENT'S TEACHER

SECTION III. PARENT'S/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY

I hereby give permission for my child _____ to participate in the field trip to _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

SECTION IV. EMERGENCY CONTACT INFORMATION

Name of Parent/Guardian: _____ Phone # _____ Alternate Phone # _____

If parent/guardian can not be reached contact: _____ Phone # _____ Relationship: _____

Physician Name: _____ Physician Phone #: _____

My student has special medical needs Yes No My student has allergies Yes No
If yes, please describe any medical or physical condition or medication information: _____ If yes, please describe: _____

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(Parents of a student with medical needs are encouraged to attend all field trips.
Medical information will only be given to staff or medical personnel on an "as needed" basis.)

For Staff Only: If a student has special medical needs, please forward a copy of the permission slip to the school nurse.