



Westerly High School Field Trip Permission Slips

My student (print name) _____ has permission to
attend Camp Watchaug field trip on OCTOBER 7th 2016
(date)

Time of departure is scheduled for 9:00 AM and students will return to school at
approximately 1:30 PM Cost: \$

Teacher's Name MR. SCOTT, MR. DELICATO, MR. FEDERICO, MR. SEIRO
MR. ANDERSON, MRS. HAIR, MRS. WEST.

In case of emergency, I hereby authorize my child to be treated by certified emergency personnel (i.e., EMT, first responder, ER physician). Permission is granted to those in charge to seek Emergency Medical Care for my child when necessary.

Student Name _____ Date of Birth _____

Student Address _____

Medical Allergies _____

Health Insurance Name and Policy # (optional) _____

Doctor's Name and Phone # _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Daytime Phone # _____

Cell Phone # _____

Emergency Contact _____

Daytime Phone # _____

Cell Phone # _____