WALTHALL COUNTY SCHOOLS

PARENTS' PERMISSION FOR TRAVEL

WALTHALL COUNTY SCHOOLS AUTHORIZED FIELD STUDY/TRIP

Dear Parents:			
Your child will have an oppo	rtunity to particip	oate in a field study	/trip at
	in		on .
Place		City	Date
To grant permission, please sign and	return this form.	Your child cannot	be allowed to
participate in this field study/trip with	hout this signed p	permission form.	
□ NO I do not grant permission f	for my child to pa	rticipate in this fie	ld study/trip.
□ YES I give permission for my cl	hild to participate	e in this field study	trip and to travel on
county buses or chartered buses. I un	derstand that all	students must trave	el to and from activities
with the group. I also give the trip sp	onsor or a design	ated chaperone per	rmission to seek medical
attention for my child in case of an ac	ccident or illness	while participating	g in the school-sponsored
activity.			
Parent's Signature		Date	
Turent s signature		Bute	
Name of child or children		Age	
Emergency Contact		Phon	e #
Medical Insurance Company		Polic	y#
Please list any medical conditions of	which the school	l should be aware o	of (e.g. allergies

diabetes, etc.)