West-Mont Christian Academy

**Parent Permission Form for Field Trip Event**

Grade(s) \_\_\_\_\_\_\_\_ is/are planning to go to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We will leave WCA at \_\_\_\_\_\_\_\_\_\_ and return by \_\_\_\_\_\_\_\_\_\_. Chaperones should arrive by \_\_\_\_\_\_\_\_\_\_.

Description of event / activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost for student $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost for chaperone $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spending money amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Handled by  teacher /  student)

Return form and money by \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Checks payable to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please wear / bring \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Adults in charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Keep this top portion for your reference.)

  will not be participating in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  has my permission to participate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_.

Current medications / medical restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of money in attached envelope is $\_\_\_\_\_\_\_\_.

I can chaperone this activity. During this activity I can be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_.

My Clearances are on File at WCA.

I need to complete FBI Fingerprint / Child Abuse History / Criminal History form. *(Circle one or all)*

If I cannot be reached in the event of an emergency, I give permission for my child to receive medical treatment.

Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Adults in charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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