

PORT WASHINGTON HIGH SCHOOL
FIELD TRIP PERMISSION SLIP

I give permission for my son/daughter _____

to go on a special field trip to _____

by _____ on _____, 20____
(Bus or Private Vehicle) (Date)

If emergency treatment is required and the parents cannot be reached immediately, may the school authorities use their own judgement in calling the doctor or dentist whom you have identified on the student information/emergency card? _____YES _____NO

If your doctor or dentists in not available, do you give school officials the authority to seek treatment from another doctor/dentist? _____YES _____NO

If the answer is "no" to either of these questions, what do the parent(s)/guardian(s) want done in case of emergency?

Please list any medical conditions or concerns: _____

(Parent/Guardian Signature)

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