Form 2340 F2A Effect. 12-12-94

WARREN WOODS MIDDLE SCHOOL

Parent Permission Form for Field Trip Participation

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Warren Woods Public School District. A brief description of the activity follows:

activity follows:		
8 th Grade Washington, DC Trip Activity Name	Washington Committee . Sponsor	Student Name
5/16/24 - 5/20/24 .	Motor Coach Bus .	*
Dates to Students	Type of Transportation	Street Address
\$1,049 . Cost to Student	8:30 PM on 5/16/24 . Planned Time of Departure	City, Zip Code
Gettysburg, PA, Washington, Virginia Locations of Activities	8:30 AM on 5/20/24 . Planned Return Time	Parent/Guardian Name(s)
	When Trip Returns to WWMS. Time Supervision Ends	Telephone Number (Cell/Home)
If you would like your child to participa statement of consent and release of l actions and conduct of your child.		
	STATEMENT OF CONSENT	

I hereby consent to participation by my child, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated

above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I agree to indemnify and hold harmless Warren Woods Public School District, any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from our relating to my child's participation in this field trip. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

Print Parent's Name Parent's Signature Date

Please complete FRONT and BACK of this form and return it to Mrs. Everham's Mailbox in the Office - ASAP

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STUDENT MEDICAL RELEASE FORM

School / Group Name: Warren Woods Middle School Event Dates: 5/16/24-5/20/24		
Student's Full Legal Name:		
Home Address:		
City: State: Zip: Student's Date of Birth		
Home Phone Work (Mother) Work (Father)		
Mother's Cell Phone Father's Cell Phone Other		
List the name and phone number of two parties who can be called if parents cannot be reached		
Emergency Contact Phone Phone		
Emergency Contact Phone Phone		
Doctor's Name Phone Phone		
Daily Medication: If your child will take <u>ANY</u> medications (prescription and non-prescription) during this school sponsored event, you will need a doctor's signature on the "Medication/Parent Authorization Form".		
Prescription:		
Non-Prescription:		
Please check any or all of the following medical conditions that apply to your child. (In addition to the "MEDICATION / PARENT AUTHORIZATION FORM", your child will need a specific "HEALTH PLAN" form filled out and signed by the doctor for any of these serious medical conditions.)		
Asthma Diabetes Seizures Serious Allergy (bee stings, peanuts, etc.)		
Other Medical Conditions:		
This trip involves considerable walking. List any physical problems/concerns that the chaperone should be made aware:		
*		
Insurance Information: If the information is not known, write N/A. If you do not have insurance, write NONE		
Company Name: Phone Student Blood Type		
Policy Number: Name of Policy Holder:		
 In the event of a medical emergency, I authorize the chaperones to make the necessary decisions for the safety of my child's health. I also understand that the behavior of my child on this trip will not bring discredit to the school or other people in the group. All Warren Woods Middle School rules are in effect for this school sponsored trip. 		
Parent/Guardian's Signature Date Parent/Guardian's Printed Name		