



The Woods Private School Field Trip Information

Child's Name: _____
Last First

Address: _____
Street City Zip

Home Phone: _____ **Birthday:** _____

Mother's Name: _____

Mother's Phone: _____
Work Cell

Father's Name: _____

Father's Phone: _____
Work Cell

Persons to be called in an emergency if parents are unavailable

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Special needs, allergies, or medical information

Authorization

My child _____ has my permission to participate in programs or field trips away from the school premises.

In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I authorize The Woods Private School to transport my child to:

_____ **at** _____
(Physician's name) (Physician's address and phone)

Or to _____
(Hospital or Clinic)

(Signature of Parent or Guardian) (Date)