

The Woods Private School



Field Trip Information

Child's Name: _____ Birthday: _____

Teacher's Name: _____ Grade: _____

Address: _____
Street City Zip

Mother's Name: _____

Mother's Phone: _____
Cell Work

Father's Name: _____

Father's Phone: _____
Cell Work

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 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)