



**West Valley School District #208**  
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 Yakima, WA 98908  
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# Field Trip Permission Form

## SECTION I. IDENTIFYING INFORMATION

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_  
 STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

## SECTION II. NOTIFICATION TO PARENT

\_\_\_\_\_ Is planning a field trip for \_\_\_\_\_ to \_\_\_\_\_  
 Teacher Group/Class Location/Event

The trip will depart at: \_\_\_\_\_ on \_\_\_\_\_ and will return at: \_\_\_\_\_ on \_\_\_\_\_

The transportation is planned to be by:  District Bus  District Van  Private Car  Other: \_\_\_\_\_ Teacher's Signature: \_\_\_\_\_

### SPECIAL PROVISIONS FOR OUT-OF-TOWN TRIPS

The principal/school board has given their permission according to District Policy 2320. District Policy 3240 defines behavior requirements of students and discipline procedures. In the event students are found in violation of this policy, parents will receive a collect phone call and be consulted regarding the return of their student from the field trip. Students may be subject to discipline the first regular day of school following the trip.

PLEASE KEEP THIS TOP PORTION FOR YOUR INFORMATION

RETURN THE BOTTOM PORTION TO YOUR STUDENT'S TEACHER

## SECTION III. PARENT'S/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY

I hereby give permission for my child \_\_\_\_\_ to participate in the field trip to \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SECTION IV. EMERGENCY CONTACT INFORMATION

Name of Parent/Guardian: \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

If parent/guardian can not be reached contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

My student has special medical needs  Yes  No  
 if yes, please describe any medical or physical condition or medication information: \_\_\_\_\_  
 My student has allergies  Yes  No  
 if yes, please describe: \_\_\_\_\_

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Parents of a student with medical needs are encouraged to attend all field trips.  
 Medical information will only be given to staff or medical personnel on an "as needed" basis.)

For Staff Only: If a student has special medical needs, please forward a copy of the permission slip to the school nurse.