

Westbrook Public Schools
Field Trip Agreement and Permission Form

Rev. 10/2021

The Westbrook faculty seeks to provide students with valuable educational, cultural, and social experiences outside of the school, including various kinds of field trips. In order for these activities to take place, it is imperative that students conform to all rules of the supervising faculty members and chaperones while participating in such activities. Field trips have been organized with these goals in mind. Failure to follow rules governing safety or gross misconduct will result in students being excluded from all class trips for the balance of the school year or longer, depending upon the gravity of the problem.

I understand and agree to the above terms _____
Student Signature _____ Date _____

Refunds: Per person expenses for field trips are calculated based on the total number of students and chaperones, the total cost of any admission fee, and other miscellaneous fees (such as meals).

In the event a student is unable to go on the scheduled field trip due to illness, upon receipt of any admission fees by participating vendors, refunds in only the amount received will be made. No reimbursement of the transportation portion of any trip will be made.

Student Name: _____

I give my permission for my child to participate in the following trip away from school on _____
(date)

Time of Departure _____ Time of Return _____

Purpose of Trip _____

Cost per Pupil _____ Due By _____ please make checks Payable to: "Westbrook Schools Activity Fund"

Names of School Staff and Chaperones on Trip _____

Other Pertinent Info: _____

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Business/Cell Phone _____ Business/Cell Phone _____

Home Phone _____ Home Phone _____

If neither parent can be reached, give the names of two relatives or friends we may contact in the event of an emergency or who can transport student home after a field trip if a parent/guardian does not arrive within a reasonable time.

Name _____ Phone _____

Name _____ Phone _____

Does the student have allergies? Yes ____ No ____

Are there any special health problems you wish the staff and chaperones to know? Yes ____ No ____

If yes, please explain:

Is the student taking medication? Yes ____ No ____ Will the student need any medication/inhaler? Yes ____ No ____

Is there a medication administration form on file in the nurse's office? Yes ____ No ____

I grant permission for teachers to administer medication if the form is on file in the nurse's office. _____
(Initial)

In the event that neither parent/guardian can be reached, I grant authority to staff and chaperones to act in a medical emergency or secure medical treatment at a nearby medical facility.

I understand and agree to the above terms and give my permission for my child to attend.

Parent/Guardian Signature _____

Date _____