

# Form A PARENT/GUARDIAN PERMISSION (In-State, Day Trips using District Bus)

#### **Section 1: Trip Information**

SCHOOL	DESTINATION		DEPARTURE DATE	DEPART TIME	RETURN TIME
Westview High School	Griffith's Park Downtown Beaverton		9/8/2018	7:30 AM	
DESCRIPTION OF TRIP		SUPERVISING STAFF	NAME	SCHOOL PHONE NUM	IBER
Beaverton Celebration Parade	Ashley Alexan		der	503-356-305	3
WHEN MORE THAN ONE DESTINATION IS ANTICIPA	TED, PLEASE EXPLAIN AND AT	TACH SCHEDULE	FOOD ARRANGEMEN	ITS (when applicable)	
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Section 2: Student Inform	ation, Trip Permission and Medical V	Vaiver (	(completed by pare	nt or guardian)
STUDENT NAME		STUDENT	CELL PHONE #	STUDENT HOME PHONE #
HEALTH INSURANCE PROVIDER			POLICY NUMBER	
♦ TRIP PERMISSION I, the parent of the above named student grant permission to the school to take him/her on the above described trip.	♦ MEDICAL WAIVER  I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.			cluding injections, elephone numbers vered by home
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE	E/DATE		CELL PHONE NUIMBER  Form A Parent Permission Rev. June 2016



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(In-State, Day Trips using District Bus)

## **Section 1: Trip Information**

SCHOOL	DESTINATION		DEPARTURE DATE	DEPART TIME	RETURN TIME
Westview High School	SpragueHS 2373 Kuebler Blvd, Salem, OR 97302		9/29/2018	8:00 AM	11:00 PM
DESCRIPTION OF TRIP		SUPERVISING STAF	FNAME	SCHOOL PHONE NUM	1BER
Fall Band Competition - Pacific Coast Invitational		Ashley Alexander 503-356-3053			3
WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATT		TACH SCHEDULE	FOOD ARRANGEMEN	ITS (when applicable)	
				ll be provided. S noney for anyth	

#### Section 2: Student Information, Trip Permission and Medical Waiver (completed by parent or guardian)

STUDENT NAME		STUDENT	CELL PHONE #	STUDENT HOME PHONE #
HEALTH INSURANCE PROVIDER			POLICY NUMBER	
♦ TRIP PERMISSION I, the parent of the above named student grant permission to the school to take him/her on the above described trip.	♦ MEDICAL WAIVER  I, the parent/guardian of the above named teacher to authorize necessary medical seanesthesia, surgery, and medication, if I can shown below, and I agree to be responsible insurance that may be incurred as a result the above-named student.	ervices ir annot be le for an	n an emergency, e contacted at the y expenses not c	including injections, e telephone numbers covered by home
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE	/DATE		CELL PHONE NUIMBER



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#### **Section 1: Trip Information**

SCHOOL	Hillshoro Stadium 4450 NE		DEPARTURE DATE	DEPART TIME	RETURN TIME	
Westview High School			10/06/18	8:00 AM	10:00 PM	
DESCRIPTION OF TRIP		SUPERVISING STAF	FNAME	SCHOOL PHONE NUM	IBER	
Fall Band Competition - Liberty Mar	ching Arts	A =1-1 A 1	1	503-356-3053		
Challenge		Ashley Alexan	der	303-330-303.	,	
WHEN MORE THAN ONE DESTINATION IS ANTICIPA	TED, PLEASE EXPLAIN AND AT	TACH SCHEDULE	FOOD ARRANGEMENTS (when applicable)			
			One meal w	rill be provide	ed.	

## Section 2: Student Information, Trip Permission and Medical Waiver (completed by

STUDENT NAME		STUDENT	CELL PHONE #	STUDENT HOME PHONE #
HEALTH INSURANCE PROVIDER			POLICY NUMBER	
♦ TRIP PERMISSION I, the parent of the above named student grant permission to the school to take him/her on the above described trip.	♦ MEDICAL WAIVER I, the parent/guardian of the above named steacher to authorize necessary medical ser anesthesia, surgery, and medication, if I call shown below, and I agree to be responsible insurance that may be incurred as a result of above-named student.	vices in a nnot be o for any	an emergency, ir contacted at the expenses not co	ncluding injections, telephone numbers overed by home
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE	E/DATE		CELL PHONE NUIMBER



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(In-State, Day Trips using District Bus)

## **Section 1: Trip Information**

SCHOOL	DESTINATION		DEPARTURE DATE	DEPART TIME	RETURN TIME	
Westview High School	HillsboroStadium 4450 NE Century Blvd, Hillsboro, OR 97124		10/20/2018	7:00 AM	10:30 PM	
DESCRIPTION OF TRIP		SUPERVISING STAFF	FNAME	SCHOOL PHONE NUM	IBER	
Fall Band Competition - Century Sho	nowcase Ashley Alexan		nder 503-356-3053		3	
WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE		TACH SCHEDULE	FOOD ARRANGEMENTS (when applicable)			
			One meal will	be provided.		

#### Section 2: Student Information, Trip Permission and Medical Waiver (completed by parent or guardian)

STUDENT NAME		STUDENT	Γ CELL PHONE #	STUDENT HOME PHONE #
HEALTH INSURANCE PROVIDER			POLICY NUMBER	<u> </u>
♦ TRIP PERMISSION I, the parent of the above named student grant permission to the school to take him/her on the above described trip.	♠ MEDICAL WAIVER I, the parent/guardian of the above named teacher to authorize necessary medical so anesthesia, surgery, and medication, if I of shown below, and I agree to be responsible insurance that may be incurred as a result the above-named student.	ervices in cannot be ole for an	n an emergency, e contacted at the y expenses not d	including injections, e telephone numbers covered by home
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE	/DATE		CELL PHONE NUIMBER



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#### **Section 1: Trip Information**

SCHOOL	DESTINATION		DEPARTURE DATE	DEPART TIME	RETURN TIME
Westview High School	University of Oregon Eugene,OR		10/27/2018	7:00 AM	
DESCRIPTION OF TRIP		SUPERVISING STAF	F NAME	SCHOOL PHONE NUM	BER
Fall Band Competition - NWAPA C	Championships Ashley Alexand		503-356-305		3
WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE		FOOD ARRANGEMENTS (when applicable)			
			Two meals wi	ll be provided.	

	lation, Trip Permission and Medical V	`		,
STUDENT NAME		STUDENT	CELL PHONE #	STUDENT HOME PHONE #
HEALTH INSURANCE PROVIDER			POLICY NUMBER	
♦ TRIP PERMISSION I, the parent of the above named student grant permission to the school to take him/her on the above described trip.	♦ MEDICAL WAIVER  I, the parent/guardian of the above named set teacher to authorize necessary medical set anesthesia, surgery, and medication, if I can shown below, and I agree to be responsible insurance that may be incurred as a result of above-named student.	vices in a nnot be of for any	an emergency, in contacted at the texpenses not con	cluding injections, elephone numbers vered by home emergency involving the
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE	/DATE		CELL PHONE NUIMBER



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ection 1: Trip Inforn	nation				
SCHOOL	DESTINATION		DEPARTURE DATE	DEPART TIME	RETURN TIME
		Ashley Alexander		503-356-3053	
WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE		FOOD ARRANGEMENTS (when applicable)			

## Section 2: Student Information, Trip Permission and Medical Waiver (completed by parent or guardian)

STUDENT NAME		STUDENT CELL PHONE #		STUDENT HOME PHONE #		
HEALTH INSURANCE PROVIDER			POLICY NUMBER			
♦ TRIP PERMISSION I, the parent of the above named student grant permission to the school to take him/her on the above described trip.	♦ MEDICAL WAIVER  I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.					
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE	E/DATĒ		CELL PHONE NUIMBER		