



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

2017-18

Section 1: Trip Information

SCHOOL Westview High School	DESTINATION University of Portland Chiles Center	DEPARTURE DATE 6/7/2018	DEPART TIME	RETURN TIME
DESCRIPTION OF TRIP WHS Graduation		SUPERVISING STAFF NAME Ashley Alexander	SCHOOL PHONE NUMBER 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/DATE		CELL PHONE NUMBER