



Northwest Hills Christian School Field Trip Notice and Permission Slip

Teacher's Name: _____

Date: _____ Departure Time: _____ Return Time: _____

Place: _____ Mode of Transportation: _____

Cost for student: _____ Cost for adult: _____

Supplies Needed for this Field Trip: _____

Please detach and return the bottom portion to your child's teacher.

Please keep the upper portion for your information.

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Parents: Please complete, sign, and return the following by _____.

1. I understand that the school assumes no responsibility other than the exercise of prudent supervision.
2. I hereby give _____ (student name) my permission to attend this activity. I understand that my child must wear an NWHCS uniform.
3. While on this field trip, I give permission to the trip sponsor (if applicable) to administer to my child the following medication(s):
Medication(s): _____
Dosage(s): _____ Time(s) _____
4. In the event of a medical emergency involving my child, please call:

Physician's Name Address Phone #

Should it not be possible to contact him/her, I authorize the calling of the most available doctor.

5. I will be happy to chaperon. Yes No Enclosed is my \$ _____ for adult admission. (Checks payable to Northwest Hills Christian School.)

Parent/Guardian Signature

Date

Address

Day Time Phone Number