

West Bridgewater Public Schools
Spring Street School, 2 Spring Street
West Bridgewater, MA 02379



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West Bridgewater Public Schools – Field Trip Permission Form

The members of the third grade class will be going to *Plimoth Plantation* on October 27, 2017. They will leave school at 9:00 a.m. and return by 2:30 p.m. The cost per student is \$23. The permission slip and money/checks are due no later than Friday, October 20th. While every precaution will be taken, it must be understood and agreed that the school cannot be held liable for any accident or loss. I give my child _____ permission to attend this field trip.

Signature _____ Date _____

MEDICAL RELEASE

To Whom It May Concern:

This will serve to authorize any Emergency Medical Service, licensed doctor of medicine, any hospital, any medical association, or any nurse or intern serving the emergency unit of any hospital or medical association to furnish any emergency care of treatment to my minor son/daughter, _____, in any case where his/her condition, medical or surgical, is, or appears in your opinion to be, of an emergency nature, and you are hereby authorized to furnish any such care or treatment and to administer any anesthetics to my said son/daughter as you, in your best judgment, deem necessary or advisable.

Yes, I give permission _____ Parent/Guardian

No, I do not give permission _____ Parent/Guardian

PLEASE PROVIDE THE FOLLOWING INFORMATION

Name _____ Address _____ DOB _____

Mothers work # _____ Mothers home # _____ Mothers cell # _____

Fathers work # _____ Fathers home # _____ Fathers cell # _____

Emergency Contact _____
Name Relationship Phone

Hospital Choice _____ Primary Care Physician _____ Phone _____

Other significant medical information: _____