

WILLIAM FREMD HIGH SCHOOL PARENT PERMISSION FORM
THIS FORM IS TO BE TAKEN ON THE FIELD TRIP BY THE TEACHER/SPONSOR IN CHARGE

PART I TO BE FILLED OUT BY STUDENT (Please print)

Student's ID Number: _____ Name: _____ (last) _____ (first) _____ (Initial)

PART II TO BE FILLED OUT BY TEACHER (Please print)

Activity: Viking Marching Band Name of Teacher/Sponsor: Mr. Moore

Transportation by (check one): Bus Train _____ Plane _____ Vehicle Driven By: _____

➤ Date: 9/26/09 Destination: Wheaton North H.S.
Departure Time: TBA Return Time: TBA

➤ Date: 9/26/09 Destination: Wheeling H.S.
Departure Time: TBA Return Time: TBA

➤ Date: 10/10/09 Destination: Lincoln-Way East H.S.
Departure Time: TBA Return Time: TBA

➤ Date: 10/17/09 Destination: University of Illinois
Departure Time: TBA Return Time: TBA

PART III TO BE READ AND SIGNED BY PARENT (required for student participation)

My son/daughter named above has my permission to participate in this field trip. I understand that STUDENT ACCIDENT INSURANCE, if I have paid for the coverage, is in force on these trips only when the student is under the general supervision of the teacher or supervising adult appointed by the school. The student is not to remove himself from that supervision by unauthorized conduct such as leaving the group. I further understand that all rules and regulations governing student conduct remain in effect while the student is participating in a supervised field trip. My permission is granted to the supervising adult to allow him/her to take all necessary actions should an emergency arise. In case of an accident or incident requiring medical attention, the faculty supervisor will attempt to contact parents immediately. Emergency numbers and physician are listed below. I give the faculty supervisor permission to arrange for medical attention and I accept financial responsibility for that attention should the supervisor be unable to reach me.

(Parent Signature) (Date) (Cell Phone #)

(Home Phone #) (Work Phone #) (Physician's Name & Phone Number)

(Name of Alternate Contact) (Relationship to Student) (Phone #)