

## Galway Jr/Sr High School

### Field Trip Permission Form

My son/daughter (Name) \_\_\_\_\_ has my permission to participate in the (event) \_\_\_\_\_ field trip on (date) \_\_\_\_\_. I also give permission for the chaperone(s) to act on my behalf in the event of a medical emergency. I understand that every effort will be made to contact me first, but that any necessary medical attention will be administered as needed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Evening Phone # \_\_\_\_\_

Alternative Contact Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Evening Phone # \_\_\_\_\_

*Soaring into the Future!*

Additional Information:

Bus Leaves at: \_\_\_\_\_

Anticipated Bus Return Time: \_\_\_\_\_