

# WESTERLY LEARNING CENTER

## PERMISSION SLIP FOR SCHOOL TRIP

1. Name: \_\_\_\_\_ 2. Date: \_\_\_\_\_  
3. Place: \_\_\_\_\_ 4. Cost: \_\_\_\_\_  
5. Time to leave: \_\_\_\_\_ 6. Time to return: \_\_\_\_\_  
7. Teacher in charge: \_\_\_\_\_ 8. Transportation: \_\_\_\_\_  
9. Purpose: \_\_\_\_\_

In case of emergency, the teacher in charge can be reached at the following cell phone number during the class trip: \_\_\_\_\_

**Please complete the bottom portion of this form and return to your child's teacher by \_\_\_\_\_.**  
**Keep the top portion for your information.**

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**NOTE: Please notify your child's teacher if any medical conditions or allergies exist that she needs to be aware of. Any medications that your child needs to take during the trip must be given to the teacher, in the original container with clear instructions given as to use. A note authorizing the teacher to administer the medication must accompany the medication and be signed and dated by a parent. The teacher in charge will take all possible care to ensure the safety of the children in her care. Westerly Learning Center, Westerly Road Church, its leaders and employees assume no responsibility for damages, losses or accidental injury.**

My child (name) \_\_\_\_\_ has permission to go on the Westerly

Learning Center sponsored class trip to (place) \_\_\_\_\_

on (date) \_\_\_\_\_ with (teacher) \_\_\_\_\_.

Signed: \_\_\_\_\_

(Parental Signature Required)