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Executive Director

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Director

Permission Slip – 2011-2012

In order for your child to be eligible to participate in Washington Academy field trips during the 2011-2012 school year you must complete, sign and return this form to Washington Academy.

By signing and returning this form you are indicating that your child _____ has your permission to participate in any and all field trips provided by Washington Academy during the 2011-2012 school year. You understand that: (a) these field trips may include, but are not limited to sporting games or events, movie theaters, museums, farms, Kings cooking studio; and (b) your child will be transported by bus on these field trips.

This permission slip is good for all field trips during the 2011-2012 school year, however, if you change your mind or do not want your child to attend a particular field trip, then it is your obligation to advise Washington Academy **in writing** prior to the field trip taking place. Also, please be advised that granting permission for your child to go on field trips does not mean that: (a) there will be any given number on field trips that your child must attend; (b) your child will always be entitled to participate in a field trip; or (c) your child will not be entitled to remain on a field trip if your child exhibits a health or safety concern or if your child's behavior violates any of Washington Academy's rules.

The staff member (teacher or social worker) in charge of the field trip will take reasonable efforts to plan and implement measures for the safety of your child, however neither the teacher nor any other staff member of Washington Academy, nor Washington Academy itself, will be responsible for any accident if one may occur.

In case of a medical emergency, accident or health problem during a trip, where immediate treatment is deemed necessary, you give permission for your child to receive emergency medical treatment. You understand that this form may be photocopied and retained by medical caregivers. You also understand that every effort will be made to contact the parent/guardian or emergency contact person at the numbers provided, but that, if deemed necessary, medical treatment will be given even before you or the emergency contact person may be reached.

Date

Print Name of Parent/Guardian

Signature of Parent/Guardian

Telephone Number (Day) _____ Cell number: _____

Emergency Contact Person's Name

Emergency Contact Telephone #