

Wicomico County School District

PERMIT TO PARTICIPATE IN FIELD TRIPS

(Permit to be taken on field trip)

To: Superintendent of Schools
Wicomico County School District
Salisbury, MD 21802

Date _____

I hereby request that you permit _____ to participate in a school excursion to _____ on the date _____

As parent and/or guardian of the above-named child, I promise to hold _____ Wicomico County School District _____ harmless from any liabilities it may incur from the above-named minor in connection with the above-described excursion except as might arise because of negligence on the part of _____ Wicomico County School District _____ or its employees.

The following special health problems should be noted: (e.g. - unusually severe reaction to bee stings, other severe allergy, hemophilia, diabetes, heart disease, etc.)

Parent's Phone No. _____

Emergency Phone No. _____

Parent and/or Guardian

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Mukilteo, WA 98275
95020

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