

W. F. West High School

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Principal
Bob Walters

Assistant Principals
Christine Voelker
Tom Elder
Jeff Johnson

District Athletic Director
Jeff Johnson

Student Name	
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Information About the Trip

- a. The _____ class/activity is going to be taking a trip on _____ to sponsored activity, the following guidelines apply:
- i. As a representative of W.F. West High School while on this trip, you are expected to be respectful of all other people in the areas you are visiting.
 - ii. You must adhere to the time schedule your teacher/advisor has given you. A considerable amount of work goes into planning school trips. It is unfair to others on the trip for you to not keep to the time schedule set.
 - iii. If you will be staying overnight on this trip, the following expectations are in place:
 1. While in a hotel or any other overnight accommodation, you need to be quiet and respectful of other people in the building or area.
 2. The evening curfew on overnight trips will be at the discretion of the adult supervisor.
 - iv. All behavior expectations and consequences as printed in the W.F. West High School Handbook apply.
 - v. Unless specific arrangements are made with the staff member in charge, it is expected that any students going on this trip will participate in all portions of the trip, including the return trip.

b. Trip Itinerary

	Location	Date	Time
Departure			
Return			

Destination(s) of Trip

Phone Number(s)

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c. Adults on Trip

Staff Member in Charge	
Additional Chaperones	

d. Specific Items to Bring or Dress Requirements

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Emergency Medical Information

- a. With knowledge of the trip itinerary, are there any condition(s) or situation(s) the staff member in charge needs to know about your child? _____ No _____ Yes If yes, please explain:

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- b. Parent/Physician Contact Information

Name	Home Phone	Work Phone	Cell Phone
Mother			
Father			
Physician		Phone(s)	

- c. If, in the event of serious injury or other medical emergency, your family physician is not located in the immediate vicinity and we are unable to contact one or the other parent, does the staff member in charge have your permission to seek medical attention from the nearest physician? _____ Yes _____ No
If your answer is "NO", please specify the procedure you wish the staff member in charge to follow:

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- d. Please identify allergic reactions your child has to medication.

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- e. Insurance Information:

Student has insurance coverage with:	
Policy #	
Subscriber	

Permission to Participate and Authorization to Treat

My signature below indicates that I have read and understand the expectations and consequences associated with this trip. My conduct will at all times reflect positively on myself, my parents/guardians, and my school.

_____	_____
Student Signature	Date
I have read and understand the above and give permission for my child to participate in this field trip. I also give permission, as indicated above, to have my child treated for medical emergencies. I accept full responsibility for the cost of treatment or injury my child may suffer while participating in this voluntary, out-of-school trip.	
_____	_____
Parent Signature	Date