



Grizzly Discovery Center
21st Century Community Learning Center
After School Program
Newport School District
1380 W. 5th Street
Newport, WA 99156
www.newport.wednet.edu/domain/31

WALKING FIELD TRIP PERMISSION SLIP

Your child's class is going on a walking field trip to:

_____ on _____.

List everything your child is allergic to:

List all medications that your child needs to take with him/her on the field trip:

Medication		Medication	
Dose		Dose	
Time to be Administered		Time to be Administered	

My child _____ has my permission to go on this walking field trip. I do hereby authorize required medical treatment or hospitalization for any accident or illness while under the supervision of the Newport School District. The attending physician and/or hospital are authorized to give the necessary treatment information as may be needed to complete any insurance claims.

Parent/Guardian Signature

Home Phone

Phone # where parent may be reached in emergency

Student's Home Address