

**ROCKY RIVER CITY SCHOOL DISTRICT  
PARENT/GUARDIAN PERMISSION FOR FIELD TRIP**

While you previously completed a General Authorization for your child to participate in field trips, the District requires parental permission for each individual trip.  
Please complete sections 1 through 7 below and return this completed form to school.

1.	I hereby give permission for _____ to participate in this trip.
	Student's name
2.	Your emergency contact phone numbers: _____ District representatives will contact you at the phone number provided in the event of an emergency. Please know that during the trip, District representatives will have a copy of the emergency medical authorization form that you completed prior to the beginning of this school year.
3.	If your child requires medication during the trip, please describe: _____ _____
4.	If there are any special circumstances relating to your child, please describe: _____ _____
5.	Student name: _____ Grade: _____
6.	Signature of parent or legal guardian: _____
7.	Printed name of parent or legal guardian: _____

Teacher: Mrs. Blatnik School: Rocky River High School  
Grade: 10 Subject: Counseling department  
Field trip date: 2/2/24  
Destination name: Westshore career technical district  
Destination address: 14100 Franklin Blvd. Lakewood, OH 44107  
Student activity at destination: Shadow programs at Westshore.

Departure: Date: 2/2/24 Return: Date: 2/2/24  
Time: 8:00 am Time: 10:45 am  
Location: RRHS Wager lobby Location: RRHS Wager lobby  
Means of transportation: Bus  
Cost to student, if any: \_\_\_\_\_

