

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 _____	Student's name	to participate in this trip.
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: High School
Grade: 10 Subject: Counseling
Field trip date: 1-31-25
Destination name: Westshore career technical district
Destination address: 14100 Franklin Blvd. Lakewood, OH 44107
Student activity at destination: Tour Westshore Career tech.

Departure:	Date: <u>1-31-25</u>	Return: Date: <u>1-31-25</u>
	Time: <u>7:55am.</u>	Time: <u>10:30</u>
	Location: <u>Wager</u>	Location: <u>Wager</u>
Means of transportation:	<u>Bus</u>	
Cost to student, if any:	_____	

