

A-33A
Rev. 8/96

Date of Trip _____
Destination _____
Est. Departure Time _____
Est. Time Return _____

WORTHINGTON HIGH SCHOOL
PERMIT TO GO ON CLASS OR SCHOOL TRIP

As the parent/guardian of _____ I understand that my child is to take the school trip described above. I give permission for my child to be involved in the trip and I release the Worthington City School Board of Education and school employees from any and all liability of any kind which may arise during or relating to the trip except liability for damages or injuries caused by the sole negligence of the Worthington City Schools.

Please () A or B below, and fill in the blanks.

A. ___ Emergency Medical Authorization: Parent Home Phone _____ Parent Work Phone _____
When parent cannot be reached: Doctor's Name _____ Phone _____
Preferred Hospital: _____ Any special medical needs _____

B. ___ I do **NOT** give my consent for emergency medical treatment. The school should take no action or

Date _____ Signature of Parent or Guardian _____

THIS FORM MUST BE IN STAFF MEMBER'S POSSESSION DURING ALL TRIPS.