

Cabot School

Permission for Student Travel

Who:

What:

When:

Transportation:

Departure:

Emergency Contact #1:

Name _____

Telephone #1 _____

Telephone #2 _____

Emergency Contact #2:

Name _____

Telephone #1 _____

Telephone #2 _____

Additional Emergency/Medical Information/Allergies:

* All medication must be clearly labeled and given to a teacher to dispense.

I give permission for my child, _____, to attend this trip on **DATE**. My child will _____ will not _____ require a bag lunch from school.

• *In the event of an emergency, I give permission for my child to receive medical treatment.*

Parent/Guardian Signature

Date

For the safety of everybody's child, adult chaperones are required to have a valid criminal background check on file, updated annually. For more information about this requirement or the process, please contact our office, or call Sylvia Charron at the Washington Northeast Supervisory Union, (802) 454-9924 x202.