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| **WESTVILLE MIDDLE SCHOOL/HIGH SCHOOL** | |
| **207 E. Valparaiso Street ∙ Westville, IN 46391 ∙ (219) 785-2531 ∙ Fax: (219) 785-2990** | |
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| --- | --- | --- | --- | --- | --- | --- |
| I give my permission for | |  | | | to attend |  |
|  | | (Student’s Name) | | |  | (Name of Event) |
| with |  | | on |  | | |
|  | (Name of Group) | |  | (Date) | | |
| This form is to be turned into \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on or before Wednesday, May 30. If not returned, | | | | | | |
| (Teacher Name) | | | | | | |
| student will not be allowed on this field trip. **Please be sure to fill out all fields on this form.** | | | | | | |
|  | | | | | | |

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Parent/Guardian Signature Date

Lunch:  
  
\_\_\_\_\_\_\_\_ My student will bring their own

\_\_\_\_\_\_\_\_ My student needs to purchase a school lunch prior to departure using the method they normally acquire  
 a school lunch with/by.

Any pertinent Medical Information: Allergies, Medication, etc.

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Emergency contact person for this field trip. (include name and phone number)

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