

# Thurston County 4-H Field Trip Registration and Parental Permission Form

Forms must be returned by: \_\_\_\_\_

Please review the following trip details and complete, sign, and return the bottom portion of this form to \_\_\_\_\_ no later than the due date above.

Field Trip to: \_\_\_\_\_ Cost of Trip: \_\_\_\_\_

4-H Volunteer/Staff Person in Charge: \_\_\_\_\_ Telephone: \_\_\_\_\_

Purpose of Trip:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Trip: \_\_\_\_\_

Depart Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Members should bring: \_\_\_\_\_

Parent/guardian participation is:  Required for this trip  Not Required for this trip



## Field Trip Registration and Parental Permission Form

Please Return this portion by: \_\_\_\_\_

(Child's Name) \_\_\_\_\_ has my permission to participate in the 4-H

Field Trip to \_\_\_\_\_.

Will parent/guardian be attending with child? (please circle one)      Yes      No

If Yes, parent/guardian's name who will be attending: \_\_\_\_\_

If No, during the activity I may be reached by telephone at: \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to 4-H member: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other Comments (including allergies): \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*If your child will need medication administered during the Field Trip, please also complete a "4-H Prescription Medications" Form.*

*Contact the 4-H office for a copy or print one off the Thurston County 4-H Website at <http://thurston.wsu.edu/4-H/forms.html>.*

*4-H Clubs may choose to use the 4-H Health Form for additional health and emergency information.*