

**WEST HARTFORD EXTENDED EXPERIENCE**

**FIELD TRIP PERMISSION FORM**

I give my child \_\_\_\_\_ permission to participate in WHEE sponsored field trips and special events in the program.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date



**WEST HARTFORD EXTENDED EXPERIENCE**

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I authorize my child \_\_\_\_\_ to be taken to \_\_\_\_\_ Hospital, under the care of Dr. \_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date



**WEST HARTFORD EXTENDED EXPERIENCE**

**Emergency Medical Permission**

I authorize West Hartford Extended Experience, Inc. staff to provide emergency medical care, if necessary, and to administer first-aid treatment, (band-aids, etc.) for minor injuries to my child \_\_\_\_\_. To the best of my knowledge, my child (does) (does not) have any known allergies to insect bites.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date



**WEST HARTFORD EXTENDED EXPERIENCE**

**PHOTOGRAPH/VIDEO PERMISSION FORM**

I give my permission to West Hartford Extended Experience, Inc. (WHEE) to photograph or video tape my child \_\_\_\_\_ for the purpose of display within the program.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date