

**WESTFIELD HIGH SCHOOL VARSITY INDOOR GUARD  
2026 PERMISSION FORM**

***PLEASE PRINT***

Student Name: \_\_\_\_\_

Primary emergency name and phone # \_\_\_\_\_

Secondary emergency name and phone # \_\_\_\_\_

If a nurse is required to attend the trip, I give them permission to give my child:

Motrin     Tylenol     Benadryl     Tums     Anbesol     Cough Drops

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**I hereby give the student listed above permission to go on the following 2026 WHS Varsity Indoor Guard Trips:**

*January 24<sup>th</sup> – West Orange HS  
January 31<sup>st</sup> – Hillsborough HS  
February 13<sup>th</sup>-15<sup>th</sup> – WGI Corning, NY – OVERNIGHT (\*Coach Bus)  
February 28<sup>th</sup>: South Brunswick HS  
March 7<sup>th</sup> – East Brunswick HS  
April 19<sup>th</sup> – Lehigh University, PA*

**\*A coach bus is being used for this trip and, as per BOE Policy 2340, you, the parent, are hereby notified that coach buses do not have seat belts.**

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My Child has medical needs as described below (please note medications, allergies, etc.)

My child has no medical needs

*I agree that no responsibility shall be attached to the school beyond that of providing faculty supervision. I also give my consent for emergency treatment, should the need arise.*

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*Parent/Guardian Signature*

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*Date*