

**WESTFIELD HIGH SCHOOL JV INDOOR GUARD  
2025 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 give my student permission to go on the following 2025 WHS Varsity Indoor Guard Trips:**

*February 1<sup>st</sup> – Hillsborough High School  
March 1<sup>st</sup> – WGI Philadelphia (\*Coach Bus)  
March 8<sup>th</sup>: Bridgewater-Raritan HS  
March 29<sup>th</sup> - Elizabeth HS  
April 12<sup>th</sup> – Stabler Arena – 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.)

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My child has no medical needs

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*Parent/Guardian Signature*

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*Date*