

**WESTFIELD HIGH SCHOOL VARSITY 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

I give my student permission to go on the following 2025 WHS Varsity Indoor Guard Trips:

*January 25th – West Orange High School
February 1st – Hillsborough High School
March 1st – WGI Philadelphia (*Coach Bus)
March 8th: Bridgewater-Raritan HS
March 29th - Elizabeth HS
April 13th – 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.**

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

My child has no medical needs

Parent/Guardian Signature

Date