WESTFIELD HIGH SCHOOL VARSITY INDOOR GUARD 2024 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 chi	ld:
Motrin Tylenol Benadryl Tums Anbesol	Cough Drops
I give my student permission to go on the following 2024 WHS JV In	door Guard Trips:
January 27 th — West Orange High School February 3 rd — Hillsborough High School February 24 th — WGI Philadelphia (*Coach Bus) March 9 th : Bridgewater-Raritan HS March 23 rd - Monroe Township HS April 21 st — Cure Insurance Arena, Trenton, NJ	
*A coach bus is being used for this trip and, as per BOE Policy 2340, you, the parent, a buses do not have seat belts.	re hereby notified that coach
My Child has medical needs as described below (please note medic	cations, allergies, etc.)
My child has no medical needs	D
Parent/Guardian Signature	Date