



PERMISSION FORM

Child's Name:	Classroom Teacher:
----------------------	---------------------------

General Transportation/Walking Permission

I give Westhampton Day School (WDS) Staff Members permission to transport my child. I give my child permission to attend scheduled field trips, including walking to Westhampton Field (Maple Avenue & Patterson Avenue).

WDS also has permission to bus my child over to Westhampton at Willow Lawn (WDS Satellite Campus) at 1600 Willow Lawn Drive Richmond, VA 23230.

Emergency Situation Permission

Should it be necessary to leave school grounds/evacuate for an emergency situation, WDS has permission to transport my child (according to emergency procedure policies) to either location:

- St. Mary's Hospital - Cafeteria (5801 Bremono Road Richmond, VA 23226)
- St. Christopher's Lower School (711 St. Christopher's Road Richmond, VA 23226)

I understand that WDS will contact me as soon as possible if this were to take place.

Parent and/or Guardian Signature:	Date:
Parent and/or Guardian Signature:	Date:

Emergency Contacts

Name:	Phone Number:
Name:	Phone Number: