

## Field Trip Permission Form

## Dear Parent/Guardian:

Your child is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees of the school system or their contracted Education for Employment instructor.

If you would like your child to participate in this event, please complete, sign and return the bottom statement of consent and release of liability. Please be advised that your student will not be allowed to participate without a signed consent form returned to school.

Please return	this form NO LATER THAN:	_
gender/sex, sexual ori be allowed during any regarding the nondisc	entation, race, religion, height, weight, color, age, program, activity, service or in employment. The	Regional Educational Service Agency that no discriminating practices based on national origin, disability or any other status covered by federal, state or local law following positions at Kalamazoo RESA have been designated to handle inquiries r, Karey Watson; Assistant Superintendents: Lynne Cowart and Laurie Montgomer 49002.
	PARENT/GUARDIA	N CONSENT FORM
Student Name:		
Instructor:		
Destination:		
Date:	Departure Time:	Return Time:
Method of Tran	sportation:	
Student cost (if	any):	
STAFF MEMBEI ACCIDENT OC PARENT/GUARI	R CONTACTING MEDICAL HELP FOR CUR DURING THE TIME AWAY	DESCRIBED FIELD TRIP. I ALSO CONSENT TO A MY CHILD, AT MY EXPENSE, SHOULD ILLNESS OR FROM SCHOOL. I UNDERSTAND THAT, AS LE FOR ANY LEGAL RESPONSIBILITY, WHICH MAY THE ABOVE NAMED STUDENT.
Name of Paren	t/Guardian:( <i>Please F</i>	Drint)
Signature of Pa	rent/Guardian:	1111L)
Date:		