

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 Career and Technical Education 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 TH	IAN:	
height, weight, color, age, national origin, disability, gen	Ave. Portage, MI 49002.	llowed during any arding the
	GUARDIAN CONSENT FORM	
Student Name:		
School:		
nstructor:		
Date: Departure Time	e: Return Time:	
Method of Transportation:		
Student cost (if any):		
STAFF MEMBER CONTACTING MEDICAL ACCIDENT OCCUR DURING THE TIL PARENT/GUARDIAN, I REMAIN FULLY I	ING IN THE DESCRIBED FIELD TRIP. I ALSO CONSENT L HELP FOR MY CHILD, AT MY EXPENSE, SHOULD ILLN ME AWAY FROM SCHOOL. I UNDERSTAND THE RESPONSIBLE FOR ANY LEGAL RESPONSIBILITY, WHICH STAKEN BY THE ABOVE NAMED STUDENT.	ESS OR IAT, AS
Name of Parent/Guardian:		(Please Print)
Signature of Parent/Guardian:		
Date:	Parent Phone:	