



KALAMAZOO RESA

**Career Connect**

Career & Technical Education

## 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 THAN: \_\_\_\_\_

**Notice of Non-discrimination:** It is the policy of Kalamazoo Regional Educational Service Agency that no discriminating practices based on race, color, national origin, sex (including sexual orientation or sexual identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information (collectively, "Protected Classes") or any other legally protected category be allowed during any program, activity, service or in employment. The following individuals at Kalamazoo RESA have been designated to handle inquiries regarding the nondiscrimination policy: Tom Zahrt & Isaac Carter. Contact information: 269-250-9200, 1819 E. Milham Ave, Portage, MI 49002.

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### Parent/Guardian Consent Form

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Departure Time:** \_\_\_\_\_ **Return Time:** \_\_\_\_\_

**Method of Transportation:** \_\_\_\_\_

**Student Cost (if any):** \_\_\_\_\_

I consent to my child participating in the described field trip. I also consent to a staff member contacting medical help for my child, at my expense, should illness or accident occur during the time away from school. I understand that, as parent/guardian, I remain fully responsible for any legal responsibility, which may result from any personal actions taken by the above-named student.

**Name of Parent/Guardian:** \_\_\_\_\_ **(please print)**

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Parent/Guardian Phone:** \_\_\_\_\_