



WATERFORD SCHOOL DISTRICT
FIELD TRIP PERMISSION SLIP

SCHOOL: Mott High School

Dear Parent/Guardian:

Our group will be taking a field trip to the place listed below on the date indicated. If you are willing for your student to attend this trip, please complete this form and return it to the teacher.

~~_____~~
~~_____~~

Student Name: _____

Trip Destination: Ann Arbor, MI

Date & Time of Trip: Sept 24, 2014 7:30 AM - 3:15 PM

Cost of Trip: \$ 15

Teacher's Name: Lindemulder

Type of Transportation: Bus Car Walking

Does your child routinely take any medications during the school year? Yes No

Does your child take any medications for emergency situations, i.e. bee stings or food allergies? Yes No

If you would like your student to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. You also authorize and consent to the activity leader(s) securing medical services including hospitalization to aid your student, if in their judgment, such services are necessary. It is also understood that the Waterford School District does not maintain accident medical insurance for injuries that may be associated with this type of activity. It is either the responsibility of the student or the parent to provide medical insurance or other financial means of paying for activity related injuries.

I hereby consent to participation by the above named student, in the event described above. I understand that this event will take place away from the school grounds and that my student will be under the supervision of the designated school employee(s) on the stated dates. I further consent to the conditions stated above concerning participation in this event, including the method of transportation.

Parent/Legal Guardian Name (Type or Print Name): _____

Parent/Legal Guardian Signature: _____

Date: _____ Home Phone #: _____ Emergency Phone #: _____