

Parent Permission Form for a Field Trip

Payment and form due: 10/15/18

Student		School	Dakota High School		
Teacher/Sponsor	Kelly Herberholz	Date(s) of Trip	10/22/18		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	MASC/MAHS Leadership Training Institute	Destination of Trip	Macomb ISD		
Destination Phone	586-228-3300	Student Cost	\$35.00	Chaperone Cost	\$0.00
Transportation	Student Vehicles (w/ approved forms)	Food Provision	Lunch provided at the event		
Departure Location	Dakota High School	Departure Time	8:15am		
Return Location	Dakota High School	Return Time	2:00pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Home Phone	<input type="checkbox"/>	Work Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Cell Phone	<input type="checkbox"/>		
Parent/Guardians	<input type="checkbox"/>	Date(s) of Trip	10/22/18		
Activity Name	MASC/MAHS Leadership Training Institute	Destination of Trip	Macomb ISD		
Destination Phone	586-228-3300	Student Cost	\$35.00	Chaperone Cost	\$0.00
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Departure Location	Dakota High School	Departure Time	8:15am		
Return Location	Dakota High School	Return Time	2:00pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>		
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