

Parent Permission Form for a Field Trip

Payment and form due:

Student		School	Dakota H.S.	
Teacher/Sponsor	Julie Zemnickas		Date(s) of Trip	3/20/19-3/23/19
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.				
Activity Name	HOSA Studes		Destination of Trip	Grand Rapids
Destination Phone	616-774-2000		Student Cost	\$150
Transportation	BUS		Food Provision	student provides
Departure Location	Dakota East Door		Departure Time	4:00 pm
Return Location	Dakota East Door		Return Time	12:00 pm

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

X

Student	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>	
Home Phone	<input checked="" type="checkbox"/>	Work Phone	<input checked="" type="checkbox"/>	
Emergency Phone	<input checked="" type="checkbox"/>	Cell Phone	<input checked="" type="checkbox"/>	
Parent/Guardians	<input checked="" type="checkbox"/>	Date(s) of Trip	3/20/19-3/23/19	
Activity Name	HOSA Studes		Destination of Trip	Grand Rapids
Destination Phone	616-774-2000		Student Cost	\$150
Food Provision	Student provides		Transportation	BUS
Departure Location	Dakota East Door		Departure Time	4:00 pm
Return Location	Dakota East Door		Return Time	12:00 pm

- 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 checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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