

DEARBORN PUBLIC SCHOOLS

FIELD TRIP PERMISSION SLIP

PARENT/LEGAL GUARDIAN PERMISSION FOR PARTICIPATION IN FIELD TRIP

I the parent/legal guardian of _____ (student) give my permission for the student to fully participate in the following school-sponsored field trip:

Date of Trip: 6-7-19 Cost: \$12⁰⁰ cash Lunch: Pack

Destination: Howell Nature Center Times: 9:00 AM - 2:30 PM

MODE OF TRANSPORTATION: ☒ Commercial Bus ☐ Private Vehicle

☐ Dearborn School Bus ☐ Walking

Phone number where parent/legal guardian can be reached during the field trip: _____

Medical information of which the teachers/chaperones should be aware, and medications* needed by the student while on the field trip: _____. *Medication authorization form must be on file in the school office.

I understand that the student is not required to participate in this field trip, that it is not part of the student's required curriculum, and that should I decline to sign and return this form, the School District will provide an alternative educational experience for the student for the duration of the field trip.

I understand that, during this field trip, the student is expected to follow all school rules and will cooperate with, and follow the directions of, teachers, chaperons and bus driver.

I agree to hold the Dearborn Public Schools and its employees harmless from all damages, costs and attorney fees incurred as a result of any injury of damages caused by the student during the course of this field trip.

(Signature of Parent/Legal Guardian)

(Date)