

Student Name: _____ Teacher/Staff Name: _____

Field Trip Destination: _____ Date of Trip: _____

City/State of Trip: _____ Departure Time: _____

Method of Transportation: _____ Return Time: _____

Parent/Guardian Emergency Contact Info <i>Must Be Completed</i> Name (please print)	Relationship	Contact Phone Number	Attending Field Trip?		*Is there an Authorization for Criminal History/ Volunteer Form on File with District?	
			Yes	No	Yes	No
Please identify another adult to contact in an emergency if the parents/guardians cannot be reached.						
Other Person(s) Attending Field Trip with Student	Relationship	Contact Phone Number	*Is there an Authorization for Criminal History/Volunteer Form on File?			
			Yes		No	

Name of Family Physician	Phone Number

****Must have if planning to attend the field trip or to volunteer/participate in classroom activities.***

Please be advised that the Michigan No-Fault auto insurance mandates that recovery of expenses for bodily injury resulting from an automobile accident must come from the injured person's own automobile insurance carrier. If he/she has no insurance, then it would come from the insurer of the vehicle in which he/she is riding. Unless this occurs while on a Lake Fenton bus or school district owned vehicle, the district would not be responsible for such injuries.

THE ABOVE NAMED STUDENT HAS MY PERMISSION TO PARTICIPATE IN THE DESIGNATED FIELD TRIP.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

_____/_____/_____
Date of Signature