

FIELD TRIP PERMISSION SLIP

Student's Name

Date of Trip

Teacher's Name

Destination

Method of Travel

Time Leaving

Time Returning

Emergency Information

The above named student has my permission to participate in the designated field trip.

Signature of Parent/Guardian

Home Phone Number

Street Address

Father's Work Phone Number

City/State/Zip Code

Mother's Work Phone Number

Other Emergency Contact Person

Phone Number

Allergies:

*NOTE: All of the above information must be provided.

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.

A completed copy of this form must be on file in the Superintendent's office prior to departure.

Inland Lakes Schools