

TROY, MICHIGAN

PARENTAL CONSENT FOR INDIVIDUAL FIELD TRIP

To: Parent/Legal Guardian of Troy School District Elementary Student

Plans have been made for your son/daughter to leave the school as detailed below:

Date and Time: _____

Destination: _____

and returning to school at approximately _____ o'clock.

Transportation will be:

Food Arrangements:

Costs:

- In a Troy School District bus
- In a private car driven by volunteer drivers
- In a chartered bus
- Walking
- None
- Bring lunch
- Items may be purchased
- Admission _____
- Transportation _____
- Miscellaneous _____

This field trip is not a requirement for the course and will not reflect in the grading or evaluation of a student. Attendance at this trip is option; and, if the trip is scheduled during regular school hours, other educational activities will be provided at school for children who do not participate in the field trip.

On the tear-off section, indicate your wishes regarding your child's participation in this activity.

_____ Teacher in Charge _____ Date

Please return this portion to the school.

Date of Reply _____

- I give my permission for _____
to attend a field trip on _____ traveling by _____.
- I do not give my permission for _____
to attend a field trip.

Signature of Parent

EMERGENCY MEDICAL AUTHORIZATION

During the course of the above-described, school-sponsored activity, if I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety if I were present.

Date: _____ Signature of Parent: _____