

**TROY SCHOOL DISTRICT
TROY, MICHIGAN**

PARENTAL CONSENT FOR INDIVIDUAL FIELD TRIP

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

From: Science Department

It is the policy of the Troy School District to require written permission for transportation of all students to and from school-approved field trips, activities and excursions. A parental consent form is sent home along with information concerning the trip.

Your written permission is required for transportation of your son/daughter to a school-sponsored activity, as detailed below:

Travel to: Camp Tamarack (Ortonville, MI) by Troy School Bus

Purpose of Trip: Group 4 Project Expense: \$95.00

Participating students will leave on Thursday, 9/19 at 8:00 a.m.

and return on Friday, 9/20 at approximately 4:30 p.m.. Students will

be supervised by Senior science teachers and other IAE teachers.

Please check all acceptable methods of transportation for your son/daughter:

- My son/daughter has permission to participate in all school-approved activities. Some of the specific functions for school activities might include transportation at the student's own initiation, but all trips include written permission from parents.
- My son/daughter has permission to ride a school or commercial bus.
- My son/daughter has permission to walk to the activity site.
- My son/daughter has permission to ride with a school staff member or volunteer.*
- ~~My son/daughter has permission to drive.*~~
- ~~My son/daughter has permission to drive other students.*~~
- ~~My son/daughter has permission to ride with a student driver.*~~

PARENTAL CONSENT AND EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned parent/legal guardian of _____, hereby grant permission for this child to travel on the school-approved trips, activities and excursions as indicated above.

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: _____