



DE LA SALLE COLLEGIATE HIGH SCHOOL  
14600 COMMON ROAD - WARREN, MICHIGAN 48088  
(586) 778-2207 - FAX (586) 778-6016  
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### FIELD TRIP PERMISSION FORM

*THIS FORM SHOULD BE OBTAINED FROM AND RETURNED TO THE TEACHER/STAFF/MEMBER NO LATER THAN 2 DAYS PRIOR TO THE FIELD TRIP. IF THERE IS NO PERMISSION SLIP RETURNED, THE STUDENT MAY NOT PARTICIPATE IN THIS ACTIVITY.*

(PLEASE PRINT)

Student's Name: \_\_\_\_\_

Departure Time/ Date: \_\_\_\_\_

Return Time/Date: \_\_\_\_\_

Faculty/Staff Sponsor: \_\_\_\_\_

Educational purpose of this activity: \_\_\_\_\_

Mode of transportation: \_\_\_ School Van    \_\_\_ School Bus    \_\_\_ Private Car    \_\_\_ Other

Cost of activity: \_\_\_\_\_

Lodging: \_\_\_\_\_

Curfew: \_\_\_\_\_

Provisions made (to be made) for Sunday liturgy observance (if applicable): \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

(TO BE SIGNED BY THE STUDENT)

I, \_\_\_\_\_, as a student of De La Salle Collegiate, agree to abide by all the rules and regulations found in the DLS Student Handbook, as well as any/all rules and suggestions made by the chaperones in charge of the trip. Further, I understand that I am responsible for any/all classroom work missed as a result of this trip.

Student Signature: \_\_\_\_\_

(TO BE SIGNED BY THE PARENT OR GUARDIAN)

I/We, the parents of \_\_\_\_\_ request that my son be permitted to participate in the program or event described above. My son is aware of the conduct expected of him on the field trip and he is also aware of his responsibility to make up any class work he miss in other subjects. I further authorize De La Salle Collegiate to change the above described program or event, or even to cancel it, if such change or cancellation appears necessary or desirable in the judgment of an appropriate school official provided such change or cancellation does not materially increase the expenses of a participant or his parents or guardians as these expenses are set forth above. In the event that my son is in violation of the stated policies and procedures, he may be sent home at the family's expense.

In consideration of DeLaSalle (DLS) organizing the programs or events described above, I agree to release DLS of liability and hold its assigns harmless as well.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

(PLEASE SEE REVERSE)

STUDENT'S NAME: \_\_\_\_\_

Parents are requested to provide the following information:

1. Information regarding medical insurance, coverage, policy number, etc.:

2. Any medical conditions, special needs, etc. of your son:

Permission to dispense \_\_\_ Aspirin \_\_\_ Tylenol \_\_\_ Both \_\_\_

3. Home, business, emergency contact telephone numbers where you may be reached:

4. Any other special requests or notations to the chaperones:

Permission for emergency medical treatment: In the event of an emergency requiring medical attention, every effort will be made to contact the parent/guardian in order to receive authorization before any treatment or hospitalization is undertaken. I hereby grant permission for a physician or hospital personnel designated by De La Salle Collegiate to attend to my son.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_