

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT  
**EXTENDED/OVERNIGHT PERFORMING ARTS PARENT NOTICE & MEDICAL CONSENT**

**Check One:** Forensics \_\_\_\_ Vocal Music \_\_\_\_ Orchestra \_\_\_\_ Band \_\_\_\_

School \_\_\_\_\_ Department \_\_\_\_\_ Grade \_\_\_\_\_  
Teacher \_\_\_\_\_ Course \_\_\_\_\_ # of Students \_\_\_\_\_  
Destination \_\_\_\_\_ Phone \_\_\_\_\_  
Purpose of Trip \_\_\_\_\_  
Number of Days \_\_\_\_ Date Leaving \_\_\_\_\_ Date Returning \_\_\_\_\_  
Number of Chaperones \_\_\_\_ Method of Transportation \_\_\_\_\_

**LODGING INFORMATION**

Date \_\_\_\_\_ Facility \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date \_\_\_\_\_ Facility \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Please complete bottom portion and return no later than \_\_\_\_\_**

**PARENT PERMISSION & MEDICAL CONSENT**

(No Verbal Permission Accepted)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone(s) \_\_\_\_\_ Home Phone(s) \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

If unable to reach call: Name \_\_\_\_\_ Phone \_\_\_\_\_  
or Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Medications \_\_\_\_\_ Allergies \_\_\_\_\_

Special Concerns \_\_\_\_\_

I recognize that while on an extended field trip, medical treatment on an emergency basis may be necessary, and I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. Therefore, I consent in advance to such emergency care including hospital care as may be deemed necessary under the then existing circumstances. Therefore, I provide the following information:

Insured's Name \_\_\_\_\_ Insurance Company \_\_\_\_\_

Contract No. \_\_\_\_\_ Group Number \_\_\_\_\_

I have discussed with my child the necessity of acting responsibly while on the trip and in accordance with the Student Code of Conduct. If my child violates the Student Conduct Code, I agree to pick my child up and remove him/her from this field trip.

I give my child, \_\_\_\_\_, permission to participate in the above listed field trip.  
(Print Child's Full Name)

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MUST BE IN POSSESSION OF TEACHER WHILE ON TRIP.**