



Fairport Harbor Exempted Village School District  
 McKinley Elementary School  
 602 Plum Street  
 Fairport Harbor, OH 44077  
 440-354-5400

**Field Trip Student Permission Slip**

My child \_\_\_\_\_ (student's name), has my permission to go on a trip to  
 \_\_\_\_\_ (location) by \_\_\_\_\_ (transportation type)

On: \_\_\_\_\_ (date)

The following teachers/staffs member will act as a guide on this trip:

\_\_\_\_\_

**Release of Responsibility**

I agree not to hold the above named teacher(s)/Staff Member(s) responsible in the event of illness or any other accident which may befall my child on this trip:

**\*Parent/Guardian Signature:** \_\_\_\_\_

**\*This form must be completed and returned if your child is to go on the above field trip\***

Please PRINT:

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_

Best Number to reach parent during this day: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Best Number(s) to Reach Mother: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Best Number(s) to Reach Father: \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Best Number to Reach: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Best Number to Reach: \_\_\_\_\_

Inherent risks are associated with any activity and by granting permission for my son/daughter to participate, I acknowledge that such risks exist. However, I believe that the opportunity for learning outweighs these risks and I hereby grant permission for my son/daughter to participate. I understand that the staff member(s) leading this trip will exercise the necessary duty of care for the students, which includes, but is not limited to, administering required medication or seeking emergency medical attention, if necessary. I understand administering required the above named district employees responsible in the event of illness or any other accident which may befall my child on this trip. Emergency Medical Form is on file for this school year and will be sent with teacher/staff on this field trip.

**\*Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_