

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
REGULAR FIELD TRIP CONSENT FORM

Student Name _____

School _____ Grade _____

Date(s) of Trip _____

Destination _____ Cost _____

Mode of Transportation _____

Chaperones _____

Planned Itinerary _____

I give my child, _____, permission to participate in the
(Print Child's Full Name)

above listed field trip. If I cannot be contacted, the school is authorized to take appropriate action on behalf of my child in the case of a medical emergency.

Guardian Print _____ Date _____

Guardian Signature _____ Day Phone _____

Address _____ City _____ Zip _____

=====

EMERGENCY INFORMATION

Please fill out the emergency information below:

Emergency Telephone number _____

Medical Insurance Company _____

Policy Number _____

Subscriber's Name _____