

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
PERFORMING ARTS FIELD TRIP CONSENT

Check One: Forensics ____ Vocal Music ____ Orchestra ____ Band ____

Student Name _____ Grade _____

School _____ Teacher Name _____

Field Trip Information: ***See IFCB-R-13c, which is on the back of this form.**

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

the field trips listed on the back of this form. 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 Signature _____ Date _____

Guardian Signature _____ Date _____

Address City Zip Telephone Number

EMERGENCY INFORMATION

Please fill out the emergency information below.

Emergency Telephone Number _____

Medical Insurance Company _____

Policy Number _____

Subscriber's Name _____