

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

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**EMERGENCY INFORMATION**

Please fill out the emergency information below.

Emergency Telephone Number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Subscriber's Name \_\_\_\_\_