

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.