Permission Form & Money DUE by Mon., Oct. 30th

WATERFORD SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM

Dear Parent:

Our group will be taking an educational trip to the place listed below on the date indicated. If you are willing for your child to attend this trip, please complete this form and return it to the teacher/sponsor for the trip.

STUDENT NAME: _____

Trip Destination: **CMU INSTRUMENTAL WORKSHOP (SEE ATTACHED ITINERARY & GENERAL INFO)**

Date and Time of Trip: **FRIDAY, 11/16/18, ALL DAY (See Itinerary for exact times)**

Group or Class: **SELECTED ADVANCED-LEVEL BAND & ORCHESTRA STUDENTS**

Teacher's Name: **MR. SCOTT ADKINS, DIR. OF BANDS, MR. BEARD, DIR. OF ORCHESTRAS**

Cost for Trip: **$25* for Registration and $30* for Charter Bus Transportation. Bring money for lunch and snacks. Bring extra money if you would like CMU souvenirs or additional foods/snacks**
***please make your check for $55.00 payable to "WKHS" – Thank you!**

Type of Transportation: **CHARTER BUS (Bianco Motor Coach from Taylor, MI)**

Does your child routinely take any medications during the school year? _____ YES _____ NO

Does your child take any medications for emergency situations, i.e., bee stings or food allergies? _____ YES _____ NO

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. You also authorize and consent to the activity leader securing medical services including hospitalization to aid your child, if in their judgment, such services are necessary. It is also understood that the Waterford School District does not maintain accident medical insurance for injuries that may be associated with this type of activity. It is either the responsibility of the student or the parent to provide medical insurance or other financial means of paying for activity-related injuries.

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above concerning participation in this event, including the method of transportation.

Parent/Legal Guardian Name – (type or print): _____

Parent/Legal Guardian Signature: _____

Date: _____

Address: _____
No. Street City State Zip

Home Phone Number: _____ Emergency Phone Number: _____

Student's Year in School: _____ Student's Email address: _____