



**This is due BEFORE you can board the bus!**  
**WATERFORD SCHOOL DISTRICT**  
**FIELD TRIP PERMISSION FORM**



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 JAZZ WEEKEND JAZZ FESTIVAL, MT. PLEASANT, MI

Date and Time of Trip: FRIDAY, 2/10/12, AFTER 1<sup>st</sup> BLOCK (SEE ATTACHED FOR EXACT SCHEDULE)

Group or Class: JAZZ BAND I STUDENTS (and invited Jazz Band II students)

Teacher's Name: MR. SCOTT ADKINS, DIRECTOR OF BANDS

Cost for Trip: (1) \$20 for the bus trip\*, (2) BRING \$20-25 FOR LUNCH OR SNACKS IN MT. PLEASANT; (3) Bring more money if you would like CMU souvenirs

\* please pay before the trip, if possible. If the fee is a problem, please contact me.

Type of Transportation: CHARTER BUS...NATIONAL TRAILS, INC.

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: \_\_\_\_\_

