NOTIFICATION OF FIELD TRIP PARTICIPATION

Name of Event: _____

Destination: _____

Designated Supervisor of Activity:_____

Date of Departure: _____

Time of Departure: _____

Date of Return: _____

Anticipated Time of Return:_____

Method of Transportation: _____

Student Cost: _____

Can you drive? Yes No

If yes, how many seat belts? _____

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 your child.

I understand that my child will take part in the above mentioned event that is taking place away from the school grounds, and that my child will be under the supervision of the designated school employee on the stated date(s).

Student Name: _____

Parent's Signature Date

Please return this form by _____.