

MARYSVILLE PUBLIC SCHOOLS
PARENT PERMISSION SLIP
FOR FIELD TRIPS/SPECIAL ACTIVITY

PARENT/GUARDIAN CONSENT TO FIELD TRIP/SPECIAL ACTIVITY

I/We, _____, the undersigned, being the parents/guardians of
_____, give our consent and authorization as follows:
Name of Student

1. That my son/daughter be allowed to participate in the field trip to : Capac High School (place) on: 1/5/19 (date), which will be chaperoned by adults approved by Marysville Schools Administration.
2. That the school authorities and assigned chaperones shall have the right to control the activities of my son/daughter during the time of the field trip. That school authorities and chaperones shall in no way be liable for any misconduct on the part of my son/daughter.
3. In the event of an accident or emergency, I hereby authorize the school authorities and/or chaperones to seek any emergency, medical and/or treatment determined necessary
4. **ALL SCHOOL RULES APPLY.**

Student Medical/Health Information: _____

Medical Insurance Co. & Policy #: _____

Parent/Guardian Signature _____ Date _____

Address: _____

Phone # where parent can be reached on the day of the field trip: _____

Alternate Contact Person for Emergency: _____ (Please circle: work, home, cell, other)
Phone #: _____

Y'5-Grade 5 – All trips take place within reasonable school hours. (Extended time may be allowed with approval) Will not participate in any overnight field trips.

Grade 6-12 – Overnight trips must be pre-approved by:
Building Principal
Superintendent of Schools
Board of Education

Field Trips to Canada may require additional costs, paperwork, and permissions.

PARENTAL PERMISSION MUST BE RECEIVED TO PARTICIPATE

(Parents keep bottom portion for their records and return top to the school)

FIELD TRIP/SPECIAL ACTIVITY DETAILS:

ACTIVITY: Kickoff Event for Robotics

CLASS/GROUP: Marysville High School Robotics

DATE OF ACTIVITY: January 5th, 2019

DESTINATION: Capac High School

TRIP DESCRIPTION: Robotics Kickoff Event

MODE OF TRANSPORTATION: Personal Vehicles

DEPARTURE PLACE, DATE, TIME (approx.): 7:00AM - Jan 5th, 2019

RETURN PLACE, DATE, TIME (approx.): 12:30PM - Jan 5th, 2019

ACTIVITY SPONSOR: Jonathan Smith Cell (810) 300-1391

OTHER: _____