

**FRUITPORT HIGH SCHOOL
FIELD TRIP PERMISSION FORM**

My son/daughter has my permission to attend the field trip/event described below. I, the parent/guardian, will not hold the school, the teacher, the Board of Education, or any student organization for which my child is a member, responsible of any injuries sustained while attending or in route to and from the event.

As parent/guardian, I have reviewed the handbook with my son/daughter, and he/she agrees to abide by the rules. In the event of accident or illness requiring emergency medical treatment while in attendance on this field trip, the undersigned parent/guardian hereby authorizes the teacher/advisor to procure suitable medical treatment for the below signed delegate. I will provide for the payment of those costs on behalf of the named delegate. I also expect a representative of Fruitport High School to contact me by telephone at the numbers below, as soon as possible, if medical services are necessary.

Teacher/Advisor: _____ Event Name: _____

Location: _____ Transportation: ___ Bus ___ Van

Date: _____ Departure Time _____ Return Time _____

Student Name _____ Date of Birth _____

Address _____ City, State, Zip _____

Parent's Home Phone _____ Work Phone _____ Cell Phone _____

Please list any medications or physical limitations: _____

Parent/Guardian's Signature and Date

Student's Signature

Teacher/Advisor's Signature

Principal's Signature

Insurance Company

Policy Number