

PLAINFIELD COMMUNITY CONSOLIDATED SCHOOL DISTRICT #202

TRIP CONSENT FORM

I hereby give permission and consent for my son/daughter, _____
(student's name)

to participate in the _____
(activity)

on _____, sponsored by Plainfield Community Consolidated School District #202

and to be transported by: School Bus Van Private Vehicle

1. CONDUCT: I understand that my student must comply with the provisions of the Student Handbook and other rules of conduct established by the School District while participating in the above-mentioned activity. I have discussed this requirement with my student.
2. EMERGENCY MEDICAL AID: I hereby give permission for the School District to secure whatever emergency treatment that my child needs in connection with the activity.
 Yes No

If I am away from home during the time of the activity, I can be reached at:

_____ (address) _____ (telephone)

Other health information about my child, of importance to the activity:

Signed: _____
Parent or Guardian Signature Date

Parent or Guardian Signature Date

Adopted: December 16, 1996

*Please send to school with your child or fax to the school office.