

PLAINFIELD COMMUNITY CONSOLIDATED SCHOOL DISTRICT #202

TRIP CONSENT FORM

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

in the 8th Grade Step Up Day at Plainfield East High School on Thursday, April 5, 2018,
(activity) (date)

sponsored by Plainfield Community Consolidated School District #202, and to be transported by:

() Parent/Private Vehicle (X) School Bus (if inclement weather is anticipated) () Van (X) Walking

*There is no cost to attend this trip.

Please have this form completed and turned into your study hall teacher no later than Friday, March 16th, 2018.

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 medical treatment that my child needs in connection with the activity. () Yes () No

Medication () Yes () No _____
(Medication Name and Dosage/Time)

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

_____ (address) _____ (telephone number)

_____ (cell phone/alternate phone) _____ (pager number)

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

3. **INDEMNITY/INSURANCE:** I agree to indemnify and hold harmless the Plainfield School District Board of Education and its' employees and volunteers against any claim for damages or loss including reasonable attorney fees which arise out of the above mentioned activity. I also understand that if transportation is provided by private vehicle, primary liability and insurance coverage resides with the driver and/or owner of the vehicle.

Signed: _____ (Parent or Guardian Signature) _____ (Date)

_____ (Address) _____ (Telephone)