

CONSENT FOR FIELD TRIP

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employee(s) from _____.
(school or building name)

Name of event: _____

Destination: _____

Date(s) of event: _____

Time of Departure: _____

Time of Return: _____

Designated Supervisor of Activity: _____

Method of Transportation: _____

Eating arrangements: _____

Cost of event/donation: _____

Other: _____

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 no later than _____. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

_____ **YES**, I hereby consent to participation by my child, _____,
NAME OF CHILD

in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. I also understand when private vehicles are utilized for transportation, the District *will not be* verifying the vehicle records with the Michigan Department of State (registration and driver's license) of any operator of a private vehicle.

_____ **NO**, I would prefer that my child not participate on this trip. I understand my child will remain at school under the supervision of school personnel until the regular discharge hour.

As a chaperone, and/or including siblings traveling on this field trip, I agree to defend, indemnify, hold harmless and release the School District of the City of Bay City, for any and all losses, costs, damages, expense, claims, or legal actions, including those resulting for any act or omission of the transportation carrier (bus, private vehicle), which arise out of or are in any way related to any personal injury to me or siblings as a direct or indirect result of my (or "our") participation in the field trip.

Siblings name (accompanying parent) – Please Print

Siblings Signature

Parent/Legal Guardian Name – Please Print

Emergency contact during event

Parent/Legal Guardian Signature

Date

