



Port Huron Schools

Advocate Innovate Educate

2720 Riverside Drive. PO Box 5013 • Port Huron. MI 48060 * 810-984-3101 ext 4063

ELEMENTARY FIELD TRIP PERMISSION FORM SCHOOL YEAR

Student's Name: _____	
School: _____	Date of Enrollment: _____
Teacher: _____	Grade: _____

THIS AGREEMENT IS FOR PARENTS/GUARDIANS WHO AUTHORIZE THEIR STUDENT TO TRAVEL DURING THE SCHOOL DAY FOR NON-ATHLETIC SCHOOL ACTIVITIES SUCH AS DAYTIME FIELD TRIPS AND TRAVEL TO AND FROM DIFFERENT SCHOOL BUILDINGS AND/OR FACILITIES. EACH PARENT MUST REVIEW AND SIGN THIS FORM, WHICH RELEASES THE PORT HURON AREA SCHOOL DISTRICT AND ALL OF ITS AGENTS FROM ANY AND ALL LIABILITY RELATING TO THE TRIP, EVENT, TRAVEL, OR ACTIVITY.

Dear Parents:

Throughout the school year, classes take part in educational field trips as part of the curriculum. To avoid sending a permission form for each individual trip, we are asking for blanket permission to be given by you.

I, _____, give permission for my child, _____, to
(Parent or Guardian) (Student)

attend all school related field trips during the school year.

You will always be notified in advance of the trip via the classroom teacher and/or the school newsletter. At your discretion you may withdraw your child from participating, simply by calling or writing your child's teacher.

I release the District of any responsibility for verifying any driver's license restrictions or the vehicle insurance of the friend(s) or other student(s) with whom our Student is authorized to travel. I further agree to release, indemnify, and hold harmless Port Huron Area School District (the "District"), its Board, officers, employees, agents, and volunteers from and against any and all claims and/or damages, including costs and attorneys' fees, related in any way to the above-referenced travel, excursion, activity, or event, including, without limitation, any personal injury to any participant. I have carefully reviewed this Parent Authorization and Hold Harmless Agreement for Student Travel to and from Non-Athletic School District Events and Activities, know and understand its contents, recognize that I am completely releasing the District of any possible liability for the Student's participation, and sign it of my own free will.

Parent or Guardian Signature:	Date:
--------------------------------------	--------------