

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

ELEMENTARY FIELD TRIP PERMISSION FORM 2014-2015 SCHOOL YEAR

Student's Na	me:	
	Date of Enrollment:	
Teacher:	Grade:	
ATHLETIC SCHOOL ACTI FACILITIES. EACH PAREN	R PARENTS/GUARDIANS WHO AUTHORIZE THEIR STUDENT TO TRAVEL DURING THE SC VITIES SUCH AS DAYTIME FIELD TRIPS AND TRAVEL TO AND FROM DIFFERENT SCHOOI NT MUST REVIEW AND SIGN THIS FORM, WHICH RELEASES THE PORT HURON AREA SC NY AND ALL LIABILITY RELATING TO THE TRIP, EVENT, TRAVEL, OR ACTIVITY.	L BUILDINGS AND/OR
Dear Parents:		
_	ool year, classes take part in educational field trips as part of the on form for each individual trip, we are asking for blanket permission to	
I,(Parent or Gu	give permission for my child, (Student)	, to
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. A		
•	may withdraw your child from participating, simply by calling or	
of the friend(s) or of indemnify, and hold agents, and volunted related in any way any personal injury Agreement for Stu- understand its conte	t of any responsibility for verifying any driver's license restrictions or other student(s) with whom our Student is authorized to travel. I furth harmless Port Huron Area School District (the "District"), its Board, ers from and against any and all claims and/or damages, including cost to the above-referenced travel, excursion, activity, or event, including to any participant. I have carefully reviewed this Parent Authorization dent Travel to and from Non-Athletic School District Events and ents, recognize that I am completely releasing the District of any posion, and sign it of my own free will.	ther agree to release, officers, employees as and attorneys' fees g, without limitation and Hold Harmless Activities, know and
Parent or	D	ate:
Guardian Signature:		