

CO-A23

# LAKE FENTON COMMUNITY SCHOOLS FIELD TRIP PERMISSION SLIP

STUDENT LAST NAME:  STUDENT FIRST NAME:

TEACHER'S NAME:  DATE OF TRIP:

DESTINATION NAME:  CITY:  STATE:

METHOD OF TRANSPORTATION:

BE SURE TO INCLUDE SETUP AND CLEAN UP TIME BELOW. BE SURE TO ALSO INDICATE *AM* OR *PM*.

DEPARTURE TIME:  RETURN TIME:  TOTAL NUMBER OF HOURS:

PARENT/GUARDIAN 1:  PHONE NUMBER:

PARENT/GUARDIAN 2:  PHONE NUMBER:

PLEASE IDENTIFY ANOTHER ADULT TO CONTACT IN AN EMERGENCY IF THE PARENTS AND/OR GUARDIANS CANNOT BE REACHED.

ADULT CONTACT:  PHONE NUMBER:

NAME OF FAMILY PHYSICIAN:  PHONE NUMBER:

**Note:** All of the above information must be provided.

Please be advised that the Michigan No-Fault auto insurance mandates that recovery of expenses for bodily injury resulting from an automobile accident must come from the injured person's own automobile insurance carrier. If he/she has no insurance, then it would come from the insurer of the vehicle in which he/she is riding. Unless this occurs while on a Lake Fenton bus or school district owned vehicle, the district would not be responsible for such injuries.

**THE ABOVE NAMED STUDENT HAS MY PERMISSION TO PARTICIPATE IN THE DESIGNATED FIELD TRIP.**

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Printed Name of Parent / Guardian

\_\_\_\_\_  
Date of Signature



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