

FIELD TRIP CONSENT FORM

_____ has my permission to participate in a planned field trip activity.

Student Name

TRIP DESTINATION _____ DATE _____

DEPARTURE TIME _____ RETURN TIME _____

Transportation by school bus.

Transportation by private vehicle driven by _____

(Signature of Parent/Guardian)

(Date of Signature)

(Address)

(Phone Number)

In granting this permission, I assume full responsibility for any damage to person or property caused by my child or ward. Further, I hereby expressly waive any claim for liability against the Board of Education, Swartz creek Community Schools, including its employees and representatives. I further expressly agree that in a disciplinary action, at the discretion of the sponsor(s), my child or ward may be returned home at my expense.

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