

COMMUNITY UNIT SCHOOL DISTRICT 200
Field Trip Consent Form
High School

Students have opportunities to participate in field trips at school and on occasion it will be to their advantage to attend such events. The school will make every effort to provide for the safety and welfare of students while they are off campus by making reasonable provision for their supervision by representatives of the school designated to supervise the activity. By signing this consent form, you are hereby agreeing to accept general responsibility for the participation and behavior of your child in the trip listed below.

School: _____

Faculty Sponsor(s): _____

_____ is going on a field trip on _____
Class/Group Date

to _____ from _____ to _____
Location Departure Time Return Time

Transportation arrangements are _____

and the cost of the field trip is _____.

If sending a check, please make it payable to _____

Other special instructions _____

To Be Filled Out By Parent/Guardian

Student's Name: _____ I.D.#: _____

Student's Date Of Birth: _____ Year In School: 9 10 11 12
(Please indicate)

Emergency Medical Information: _____

My son/daughter (listed above) has my permission to take part in a field trip to:

Location _____ Date _____

I also give my permission for Community Unit School District 200 or its agent to obtain any necessary emergency medical care should the need arise.

Parent/Guardian Name (Print)

Address

Signature of Parent/Guardian

Home Phone