

PARENT PERMISSION FORM

MINOOKA COMMUNITY HIGH SCHOOL

Parent/Guardian Information - Please keep the top portion of this form for your reference.

Group: _____

Date of Trip: _____

Location of Trip: _____

Time of Departure: _____

Return Time: _____

Students should report to the following location for departure:

Additional Comments:

CUT ON DOTTED LINE AND RETURN BOTTOM PORTION

_____ has my permission to
(Print Student Name)

go with _____ on _____
(Group) (Date of Trip)

Students on out-of-state field trips are treated the same in regular classes as far as injuries or illness is concerned; that is, the district does not carry insurance for those cases. It is up to the parents to insure their children.

Students on any field trip are expected to comply with the rules in the student/parent handbook. I also agree to allow the assigned sponsor to administer medical attention or seek professional medical assistance if deemed appropriate.

(Parent/Guardian Signature)
7/01 MT

(Emergency Phone #)

(Date Signed)