



Clarenceville School District

of Oakland and Wayne Counties

20210 Middlebelt Road
 Livonia, Michigan 48152
 (248) 919-0400
 Fax (248) 919-0430
 www.clarenceville.k12.mi.us

Building Futures Since 1837

Clarenceville School District Field Trip Permission Slip

School Building Name			
Teacher			
Permission Slip Due Date			
STUDENT INFORMATION			
Student's Full Name _____	Student's Grade _____		
Parent/Guardian Contact	Emergency Contact – If parent/guardian is unavailable		
Name _____	Name _____	Phone _____	
Daytime Phone _____	Relationship to student _____		
Are there any medical conditions the teacher or chaperone should be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide details _____		
Does the student need medications while on this trip? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>**Medication Authorization form must be on file in the school office</small>	If yes, please provide medication details _____		
SCHOOL FIELD TRIP DETAILS			
Destination			
Date(s) of Trip			
Time of Trip			
Cost of Trip	<input type="checkbox"/> There is no Cost <input type="checkbox"/> The cost of the trip is _____		
Transportation	<input type="checkbox"/> Clarenceville School Bus <input type="checkbox"/> Commercial Bus <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Other – Specify: _____		
Bring a Bag Lunch	<input type="checkbox"/> No <input type="checkbox"/> Yes		
PERMISSION			
Please place your initials in the box next to each statement below that is correct.			
	I, the parent/guardian of the above named student, give my permission to fully participate in the school-sponsored field trip.		
	I understand the student is not required to participate in this field trip, that it is not part of the required curriculum, and that should I decline to sign and return this form, the school district will provide an alternative educational experience for the student for the duration of the trip		
	I understand that during this field trip the student is expected to follow the student code of conduct.		
	I agree to hold the Clarenceville School District, and its employees, and agents, harmless from all damages, costs and attorney fees incurred as a result of any injury or damages during the course of this field trip.		
	AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT - In the event of a medical or dental emergency, Clarenceville School District is authorized to seek medical care for my child. I give permission for my child to be transported to, and receive, emergency treatment at the nearest appropriate medical facility. I understand that I will be contacted as soon as possible using the emergency numbers I have provided.		
Parent / Guardian Name – Print	Date		
Parent/Guardian Signature	Day Phone		