



Clarenceville School District

of Oakland and Wayne Counties

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

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 Name _____ Daytime Phone _____		Emergency Contact – If parent/guardian is unavailable Name _____ 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 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