



# WATERFORD SCHOOL DISTRICT FIELD TRIP PERMISSION SLIP

## For Security Use Only

Please send completed forms to:  
Security & Risk Management  
248-674-7691

**SCHOOL:** \_\_\_\_\_

Dear Parent/Guardian:

Our group will be taking a field trip to the place listed below on the date indicated. If you are willing for your child to attend this trip, please complete this form and return it to the teacher.

Student Name: \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Date & Time of Trip: \_\_\_\_\_ Cost of Trip: \_\_\_\_\_

Group or Class: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Type of Transportation:     Bus                                   Car                                   Walking

Does your child routinely take any medications during the school year?     Yes     No

Does your child take any medications for emergency situations, i.e. bee stings or food allergies?     Yes     No

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. You also authorize and consent to the activity leader(s) securing medical services including hospitalization to aid your child, if in their judgment, such services are necessary. It is also understood that the Waterford School District does not maintain accident medical insurance for injuries that may be associated with this type of activity. It is either the responsibility of the student or the parent to provide medical insurance or other financial means of paying for activity related injuries.

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee(s) on the stated dates. I further consent to the conditions stated above concerning participation in this event, including the method of transportation.

Parent/Legal Guardian Name – (Type or Print Full Name): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

**If private vehicles are used, the Waterford School District requires the following affidavit to be signed:**

I, \_\_\_\_\_, possess a valid driver's license \_\_\_\_\_  
Driver's License #

and my vehicle complies with state and federal laws, including the booster seat law, and I carry auto insurance including a minimum of \$100,000/\$300,000 of liability coverage. I also authorize Waterford School District to process a criminal record inquiry.

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Male/Female                  White, Black, Asian, American Indian, Other

Address \_\_\_\_\_  
Street, City, Zip Code

I have \_\_\_\_\_ seat belts and/or \_\_\_\_\_ approved booster seats (for children between the ages of four and eight and less than 4 feet 9 inches tall) available in my back seat(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date