PARENT CONSENT FOR PARTIALLY UNSUPERVISED TRIP (ACTIVITIES LISTED)

I, ______________________________________________________ (Parent(s) Name), permit my child, ______________________________________________________, to participate in the trip to ____________________________________________________________.

I understand that this trip is part of the Corporation’s educational program and provides a learning experience of educational value to my child. I further understand that the following activities associated with this trip are such that my child cannot be supervised by school staff during certain segments of the trip:

__________________________________________________________________________________

__________________________________________________________________________________

In light of the above, I hereby give consent to my child’s participation in the trip and in the unsupervised activities.

_________________________________________      ______________________  _________________
Parent, Guardian, or Custodian Signature      Date

In addition, I authorize the school, or any of its agents, employees, or volunteers, to secure reasonable medical treatment for my child and I hereby appoint such representative of Western School Corporation to consent for all medical and/or surgical treatment and/or medical procedures which may be required in the event of an emergency. I understand if time permits, I will be consulted and advised of the situation, and this authorization is used only in the event of an emergency.

_________________________________________     ____________________  _________________
Parent, Guardian, or Custodian Signature     Phone            Date

In conjunction with the event described above, I am hereby providing the school with the following information regarding my child.

In case of emergency, and the parent or guardian cannot be located, please call the following individual:

Emergency Contact:  ___________________________________________________

Phone Number:  _______________________________________________

Allergies of child:  _____________________________________________________________________

Health concerns:  ___________________________________________________________________

Other concerns:  ______________________________________________________________________

*THE PARENT-STUDENT PERMISSION SLIP MUST BE IN THE POSSESSION OF THE STAFF MEMBER IN CHARGE OF THE FIELD TRIP IN CASE OF AN EMERGENCY.