

**FIELD TRIP PERMISSION SLIP**

**Crestwood School District  
Dearborn Heights, MI 48127**

Destination/Purpose of Trip: Wayne County Comm. College Dist. Group: CHS Quiz Bowl

Date of Trip: 1/6/22 Departure Time: 9<sup>15</sup> (am)/pm Return Time: 2<sup>00</sup> am/(pm)

Cost to Student: Lunch \$ Refundable  Non-Refundable

Please return permission slip and any money due to: Mr. Schabo: eschabo@csdm.1212.MI.US.

**Parent/Guardian: This permission slip must be filled out completely including signature and all required telephone numbers.**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Enrollee ID: \_\_\_\_\_ Group #: \_\_\_\_\_

Please provide any pertinent medical information, conditions or allergies as well as any medication student is currently taking that must be administered during the course of this trip:

\_\_\_\_\_

I hereby give permission for my student \_\_\_\_\_ to attend the field trip described above. I authorize the provision of necessary medical services at my expense should an emergency arise. I certify that my child is in good health and can participate in all the normal activities of the group attending this activity. I understand that my child must abide by all Crestwood School District rules, regulations and chaperone instructions on the field trip indicated below. I understand that chaperones cannot prevent injuries because they cannot always control the conditions present or be present in all places at all times.

Your signature below constitutes and is evidence of your agreement to (1) accept general liability for the participation of your child in the field trip or overnight trip identified above and (2) indemnify and hold harmless the Crestwood School District and Board of Education, its employees, agents, and chaperones either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorneys' fees and costs expended in defense thereof, incurred or resulting from your child's participation in this trip including transportation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_