

SOUTH BEND COMMUNITY SCHOOL CORPORATION
Department of Schools and Academic Programs
FIELD TRIP PERMISSION FORM
PARENTAL CONSENT AND RELEASE OF LIABILITY

Student's Name _____

School: LaSalle Academy

1. FIELD TRIP DETAILS:

Date: Oct 24, 2017 Time: 11:00 AM to 1 PM

Place: South Bend Civic Theatre

Teacher/Sponsor: 6th Grade

Method of Transportation:

Bus Walking SBCSC Vans Auto or Commercial Vehicle: Bus Train Plane

2. PLANNED ACTIVITIES:

Watch Hawk Jr.

3. MEDICAL RELEASE: If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his, her or their discretion, in the event that I cannot be reached.

4. SPECIAL NEEDS/COSTS:

\$7.00 (ticket + bus fee)

5. EXPECTATIONS AND INSTRUCTIONS: I understand the student is expected and the student has been instructed to do exactly as s/he is directed to do by the supervisor.

6. LIABILITY RELEASE: I AM AWARE OF THE PLANNED ACTIVITIES INVOLVED IN THIS FIELD TRIP WHICH ARE DESCRIBED ABOVE. I KNOWINGLY CONSENT TO RELEASE AND HOLD HARMLESS THE SOUTH BEND SCHOOL CORPORATION AND ANY OF ITS AGENTS OR EMPLOYEES FROM ANY CLAIM FOR ANY LOSSES, DAMAGES, NEGLIGENCE, OR INJURIES ARISING IN CONNECTION WITH MY CHILD'S (OR LEGAL WARD'S) PARTICIPATION IN THE FIELD TRIP DESCRIBED ABOVE. I FURTHER UNDERSTAND THAT I MAY WITHHOLD MY CHILD (OR WARD) FROM PARTICIPATION IN THE FIELD TRIP.

I request that the above-named student be allowed to participate in the trip planned and specifically consent to his/her participation.

DATE: _____

Signature of Parent/Guardian

Address

Telephone (in case of emergency)