

SOUTH BEND COMMUNITY SCHOOL CORPORATION
Department of Instruction

FIELD TRIP PERMISSION FORM
PARENTAL CONSENT AND RELEASE OF LIABILITY

Student's Name: _____

School: **LaSalle Intermediate Academy** 9:00 am
 10:00 am
1. FIELD TRIP DETAILS 11:00 am

Date: Monday, October 23, 2017 OR
Thursday, October 26, 2017

Place: Kennedy Primary Academy, 609 North Olive Street, South Bend, IN 46628

Teachers/ Sponsor: Mrs. Lisa Artusi (Planetarium Director) & Mrs Scott, Mr. Peterson/Miller/Sipes (6th Grade Science Representative)

Methods of Transportation: Bus / Walking / SBCSC Van / Auto / or Commercial Vehicle: Bus / Train / Plane

2. PLANNED ACTIVITIES:
Attend and participate in the 6th Grade Annual Field Trip to the Planetarium at Kennedy Primary Academy.

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:
None

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 PARTICIPATING 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 any emergency)