Please complete both sides of this form and return to the classroom teacher.

FIELD TRIP CONSENT FORM

Circle One	Students Name
to participate in the school-sponsored field trip to	Destination Date
L	Destination Date
By signing this form, I acknowledge that I have fully revie	wed and understand the specific information
regarding this field trip as set forth in the Field Trip Inform	nation Sheet, which I received regarding this
trip. Additionally, in granting this permission, I fully unde	erstand that all school rules set forth in the
Student Code of Conduct and Board of Education policies	es are in effect at all times on any field trip.
Students who violate any of the rules and regulations will be	pe subject to penalties and consequences set
forth in the Student Code of Conduct. In addition, any stu	udent who commits a serious infraction while
on a field trip may, in the discretion of the trip director, sp	ponsors or chaperones, be sent home at the
parents' expense. I further understand that should my	child be detained for reasons beyond the
District's control, I am responsible for any further expens	es incurred. I also understand it is possible
that a field trip can be cancelled at the discretion of	Plymouth-Canton Community Schools as a
precautionary measure due to the state of affairs in the U	nited States and the World. Therefore, if my
child has made a deposit for the trip, and the District is no	ot able to obtain a refund, the district will not
be responsible for the refunding any lost monies.	
By signing this form, I am signifying that I fully understar	nd the financial obligations and the penalties
connected with a violation of the Student Code of Conduct	while on this trip.
Parent/Guardian Signature	Date
I am available to chaperone Yes	No
Name: D	aytime Phone:

EMERGENCY AUTHORIZATION FORM

IN CASE OF AN EMERGENCY, I HAVE PROVIDED A CURRENT DAYTIME TELEPHONE NUMBER AND ALSO AN ALTERNATIVE DAYTIME TELEPHONE NUMBER.

Name:	Phone:
Name:	Phone:
The teacher (needs, does not need) to be aware	of any health concerns regarding my child.
List concerns:	
My son/daughter (is, is not) presently taking med	dication. List medication:
	to reach me or a person whom I have designated, I do medical treatment as necessary. I agree to pay al
Signature of Parent/Guardian	Date