LIVONIA PUBLIC SCHOOLS

PARENT/LEGAL GUARDIAN PERMISSION FOR PARTICIPATION IN FIELD TRIP

I, the parent/legal guardian of _____("the student"), give my permission for the student to
(child's full name)
fully participate in the following school-sponsored field trip:

Date of trip: _____

Destination: _____

MODE OF TRANSPORTATION: _____ Commercial Bus _____ Livonia School Bus

_____ Private Vehicle _____ Walking

_____ Other (specify: _____)

Phone number where the parent/legal guardian
can be reached during the field trip: _____

Medical information of which the teachers/chaperons should be aware and medications* needed by the student while on the field trip: _____
_____

*Medication authorization form must be on file in the school office.

I understand that the student is not required to participate in this field trip, that it is not part of the student's required curriculum, and that should I decline to sign and return this form, the School District will provide an alternative educational experience for the student for the duration of the field trip.

I understand that during this field trip, the student is expected to follow all school rules, and will cooperate with, and follow the directions of, the teachers, chaperons, and bus drivers.

I agree to hold the Livonia Public Schools, and its employees, and agents, harmless from all damages, costs, and attorney fees incurred as a result of any injury or damages caused by the student during the course of this field trip.

_____ _____
Signature of Parent/Legal Guardian Date

I will agree to drive students to _____
(place)
and return on _____.
(date)

I am a properly licensed driver.
I will have all passengers and the driver use seat belts.
I have insurance to cover transportation of students in my car.

Signature: _____

Address: _____

Phone number where you can be reached: _____

Teacher: _____ Date: _____