

Plainfield Community Consolidated School District 202

TRIP CONSENT FORM

I hereby give permission and consent for my son/daughter, _____
(Student's Name)

to participate in the _____
(Activity)

on _____, sponsored by Plainfield Community Consolidated School District
(Date)

202 and to be transported by: () School Bus () Van () Private Vehicle.

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1. **Conduct:** I understand that my student must comply with the provisions of the Student Handbook and other rules of conduct established by the School District while participating in the above-mentioned activity. I have discussed this requirement with my student.
 2. **Emergency Medical Aid:** I hereby give permission for the School District to secure whatever emergency medical treatment that my child needs in connection with the activity. () Yes () No

If I am away from home during the time of an activity, I can be reached at:

(Address) (Telephone)

Other health information about my child, of importance to the activity: _____

Signed: _____
Parent or Guardian Signature Date

Address Telephone

Adopted: December 16, 1996