

Plainfield Community Consolidated School District 202

Drauden Point Middle School

1911 S. Drauden Street Plainfield, IL 60544

Telephone: (815) 577-4900 / Fax: (815) 439-9385

Trip Consent Form

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

To participate in the following activity: **Boys Basketball, Girls Basketball, Cross-Country, Boys Soccer, Girls Soccer, Track & Field, Volleyball, and Wrestling.** During the annual season, sponsored by Plainfield Consolidated Community District 202, and to be transported by:

() School Bus () Van () Private Vehicle

.....

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 my child needs in connection with the activity.

() Yes () No

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

_____ (Address) _____ (Telephone)

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

Parent/Guardian Signature: _____ Date: _____

Address: _____ Telephone: _____

