*Plainfield Community Consolidated School District 202*

**HERITAGE GROVE MIDDLE SCHOOL**
12450 S. VAN DYKE ROAD • PLAINFIELD, IL 60544
Tel. (815) 439-4810 • Fax: (815) 436-4661

## 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 #202
(date)

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 that 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: _____

_____

_____

Signed: _____ _____
Parent or Guardian Signature Date

_____ _____
Address Telephone