

WE ARE GOING ON A FIELD TRIP

GRADE: Sixth
PLACE: Riverside Arena
PURPOSE: Halloween Celebration
COST: \$5.00
DATE: Friday, October 28th
TIME: 12:45 PM - 3:00PM

***** Please return by **Friday, October 14th** *****

PARENT/LEGAL GUARDIAN PERMISSION FOR PARTICIPATION IN FIELD TRIP

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

Date of trip: Friday, October 28th
Destination: Riverside Arena

- 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 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 am not able to drive at this time
- I am able to drive and have _____ seatbelts, not including the passenger seat.