

**CALICO ROCK SCHOOL DISTRICT
PARENT PERMISSION
FOR FIELD TRIP PARTICIPATON**

Dear Parent or Legal Guardian:

Your son/daughter _____ is eligible to participate in a school sponsored activity that will be requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from the Calico Rock School District. A brief description of the activity follows:

Name of Event _____

Destination _____

Designated Supervisor of Activity _____

Date & Time of Departure _____

Date & Anticipated Time of Return _____

Method of Transportation _____

Student Cost _____

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

I hereby consent to participation of my child _____ in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to be conditions stated above on participation in this event including the method of transportation.

Print Parent's Name

Parent's Signature

Date

Please sign & return to school