PARENT CONSENT FOR PARTIALLY UNSUPERVISED TRIP(ACTIVITIES LISTED)

(Parent(s) Name), permit my child,	
, to p	articipate in the trip to
understand that the	n and provides a learning effollowing activities associated with gertain segments of the trip:
d's participation in th	ne trip and in the unsupervised
Date	-
such representative /or medical procedu	of Western School Corporation to res which may be required in the
I will be consulted a cy.	nd advised of the situation, and this
	nd advised of the situation, and this Date
Phone	
Phone nereby providing the	Date
Phone nereby providing the	Date school with the following
Phone nereby providing the	Date school with the following
Phone nereby providing the	Date school with the following se call the following individual:
Phone nereby providing the	Date school with the following se call the following individual:
	educational program understand that the by school staff during d's participation in the Date

*THE PARENT-STUDENT PERMISSION SLIP MUST BE IN THE POSSESSION OF THE STAFF MEMBER IN CHARGE OF THE FIELD TRIP IN CASE OF AN EMERGENCY.

