

ANN ARBOR PUBLIC SCHOOLS

PARENT NOTIFICATION AND CONSENT FORM  
FOR FIELD AND/OR ATHLETIC TRIPS

Dear Parent:

Please complete this form and return to me.

I hereby give permission for my child\* \_\_\_\_\_  
(Student's full name) (Grade)

to go to \_\_\_\_\_

on the field or athletic (circle one) trip described below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my child will leave on \_\_\_\_\_,  
(Date) (Time)

In granting this permission, I assume full responsibility for any damage to person or property caused by my child. I agree that if it is determined that my child needs medical or dental treatment, I will be responsible for any such treatment determined necessary by a physician or dentist.

I further agree that if the behavior or health of my child should make it necessary to send him/her home prior to the above return time and date, I will be responsible for those expenses. I understand that no child will be sent home unaccompanied by an adult.

There will be chaperones accompanying the student or groups of students not only during the scheduled activity but whenever they leave the activity site.

Your child will need the following:

LUNCH     BOOTS     \_\_\_\_\_     \_\_\_\_\_

\_\_\_\_\_  
(Principal or authorized staff)

\_\_\_\_\_  
(School)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Home telephone number)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Work telephone number)

\*This includes children under guardianship, ward, etc.