

Grayslake Community High School District 127

STUDENT ACTIVITY/ ORGANIZATION

Club                      Activity                      Athletics

*Field Trip Request – Parent/Guardian Permission Form*

A school-sponsored field trip is being planned for your student's Club/Organization. School policy requires explicit parent(s)/guardian(s) permission before any student may participate in a field trip. Please read the following information, and return the bottom half of this form by the indicated deadline.

Thank you for your cooperation.

Club/Organization \_\_\_\_\_ Date Of Field Trip: \_\_\_\_\_

Name of Field Trip Sponsor: \_\_\_\_\_ Campus: \_\_\_\_\_

Sponsor's Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Hours The Student Will Be Off-Campus: \_\_\_\_\_ Cost to Student, If Any: \_\_\_\_\_

Destination Of The Field Trip: \_\_\_\_\_

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Name Of Student: \_\_\_\_\_ Age: \_\_\_\_\_

(Please Print)

We, as parent(s)/guardian(s) of the above named student, hereby:

Please Check One Of The Following:

\_\_\_\_\_ grant permission for my student to participate in the field trip described above under the auspices of District 127, Lake County, Illinois.

\_\_\_\_\_ do not approve of my student participating in the field trip described above.

The undersigned agrees to bear full financial responsibility as against the aforesaid Board of Education of District 127, Lake County, Illinois, and employees and agents. We agree to release and discharge the above for any claims for damages, costs and attorney's fees which may arise in favor of said student and/or the undersigned as a result of said student's participating in said trip.

The undersigned authorizes the school appointed field trip sponsor(s) named above to make decisions involving medical treatment under emergency conditions and only when the parent(s) or guardian(s) cannot be contacted within a reasonable time period.

Emergency Contact Name : \_\_\_\_\_ Phone Number: \_\_\_\_\_

Important Medical Conditions/Allergies/ Prescriptions to be Aware of: \_\_\_\_\_

(Note: Both parents, as legal guardians, must sign. If either parent is deceased, please indicate. If a student has a legal guardian other than parents, please indicate.)

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date

Parent(s)/Guardian(s): Please make a copy of this completed form for your records and return the original to the Sponsor listed above no later than: \_\_\_\_\_