

Otsego Christian School
P.O. Box 1365 ~ Gaylord, MI 49734
(989) 732-8333

Field Trip Permission Form

Student's Name: _____

Grade(s): _____ is invited to participate in the following event: Activity: _____ Trip Date: _____

Objective of Activity: _____

Teacher(s) in Charge: _____ Grade(s) Attending: _____

Special Safety Issues: **BOOSTER SEATS FOR CHILDREN UNDER 8**

Special Rules for Students to Follow: **All School Rules**

Special Items Needed: _____

Departure Time: _____ Approximate Return Time: _____

Means of Travel: _____ Cost of Trip: _____

Food/Lunch: _____

Other Information: _____

Parents may choose for their child to not participate in a particular field trip. If this should be the case, the student will not be academically penalized for non-participation, but (s)he is not excused from school during the time of the field trip unless of preschool or kindergarten age. An alternative assignment and/or supervised time will be provided for students in grades 1-3.

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Special Needs/Parents Wishes:

If your child presently has allergies, is taking medication, or has other medical or special needs not previously listed on the Teacher Information sheet, please write them out, sign them, attach them to this sheet and initial below. Please understand that some special needs may prevent a student from participating in some events. Also, if you do not wish for your student to participate in a particular aspect of this trip, please attach a statement to that effect and initial below.

Special student information attached. *Parents initial here:* _____ If you initialed this space, please also communicate your wishes to your child. Thank you!

At registration, you filled out a Teacher Information/Consent for Medical Treatment form with emergency contact names, phone numbers, doctor's name, insurance information, etc. Are those forms up to date? _____ If not, please provide any new information. _____

Permission to participate is given in accordance with all materials signed upon enrollment and on file at the school office. Attendance for this outing is a privilege that may be revoked if the student is not prepared for the outing or does not comply with the school handbook or supplemental policies. Parents are expected to make travel arrangements and pay for the expenses if a student needs to be returned to the school for disciplinary or health reasons from an out-of-town location.

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Parental Permission for Participation
Assumption of Risk

Although Otsego Christian School desires to provide a safe and enjoyable time for all students, accidents can still happen. Parents must understand that there are risks/danger involved with participation in any off-campus trip and its associated activities. In consideration of their children being allowed to participate in the events, they must assume responsibility for reasonable risks associated with the travel and activities. Parents must agree to hold harmless Otsego Christian School, its affiliated organizations, employees, agents and representatives, including volunteer and other drivers, from any and all claims arising from their children's participation. Parental assumption of risk does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, the parents must agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

I have carefully read all the information and understand its terms.

_____ I give permission for my/our son/daughter to participate and agree to the terms for this off-campus activity.

_____ I do not wish my child to participate. Please make other arrangements for him/her. (Only preschool and kindergarten children may stay home.)

Parent/Guardian's Signature and Date

Name Printed:

Note: Please sign and return this form no later than _____

Please note we cannot accept handwritten notes, phone calls, or other substitutions in lieu of this form. Students not returning a form with their name filled in and their parents' signatures will not be permitted to attend.

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Parent Helpers
Your help is appreciated!

Please circle Yes or No:

Would you be able to serve as a chaperone?	Yes	No
Would you be able to serve as a volunteer driver? # of seat belts _____	Yes	No
Have you filled out a Volunteer Driver Application Form?	Yes	No