



Livonia Warriors



Field Trip Permission Form

PARENT/LEGAL GUARDIAN PERMISSION FOR PARTICIPATION IN FIELD TRIP

I, the parent/legal guardian of _____ (student), hereby give my permission for my student to fully participate in the following school-sponsored field trip(s):

Date(s) of trip: **2016 Livonia Warriors Season – June 1, 2015 – June 30, 2016**

Destination: **FIRST Robotics Competitions and Events including off-season**

Mode of transportation: _____ Commercial Bus _____ Livonia School Bus
_____ X Private Vehicle _____ Walking
_____ Other (specify: _____)

Phone number where the parent/legal guardian can be reached during the field trip: _____

Teacher/Coach: Isolina D. Carlini
Isolina D. Carlini

Injuries resulting from activities at competitions and events are to be handled in the same manner as if the team were in school. Parents will be notified of any injury and treatment of the injury will be handled in accordance with parents' instructions or those on the school emergency cards. The primary medical and/or hospital expenses will be assumed by the parents' or guardians' insurance company.

Medical information which the teachers/chaperons should be aware, and medications* needed by the student while on the field trip: _____

*Medication authorization form must be on file in the school office.

I understand that the student is not required to participate in this field trip and that it is not part of the student's required curriculum.

I understand that, during the field trip, the student is expected to follow all school rules, and will cooperate with, and follow the directions of, the teachers, chaperons, and bus drivers.

I agree to release and hold the Livonia Public Schools, and its employees and agents, harmless from all damages, costs and attorney fees incurred as a result of any injury or damages caused to or by the student during the course of this field trip.

Signature of Parent/Legal Guardian

Date