PLAINFIELD COMMUNITY CONSOLIDATED SCHOOLS

TRIP CONSENT FORM

I hereby give permission and consent for my son/daughter, _____
(student's name)

to participate in the _____
(activity)

on_____ sponsored by Plainfield Community Consolidated School District 202
(date)

and to be transported by: ( ) School Bus ( ) Van ( ) Private Vehicle

. . . . . .

1. **CONDUCT:** I understand that my student must comply with the provisions of the Student Handbook and other rules of conduct established by the School District while participating in the above-mentioned activity. I have discussed this requirement with my student.

2. **EMERGENCY MEDICAL AID:** I hereby give permission for the School District to secure whatever emergency medical treatment that my child needs in connection with the activity. ( ) Yes ( ) No

   If I am away from home during the time of this activity, I can be reached at:

   _____ _____
   (address) (telephone)

   Other health information about my child of importance to the activity: _____

   _____

   _____

3. **INDEMNITY /INSURANCE:** I agree to indemnify and hold harmless the Plainfield School District Board of Education and its employees and volunteers against any claim for damages or loss including reasonable attorney fees which arise out of the above-mentioned activity. I also understand that if transportation is provided by private vehicle, primary liability and insurance coverage resides with the driver and/or owner of the vehicle.

Signed: _____ _____
Parent or Guardian Signature Date

_____ _____
Address Telephone