

ANN ARBOR PUBLIC SCHOOLS

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

Dear Parents/Guardians:

Please complete this form and return it to Huron High School.

I hereby give permission for my child _____ (*print student's full name*) to go to the Huron High School Choir Camp at Interlochen, Michigan. I understand that my child will leave on Tuesday, August 14, 2018 at 7:00AM and is expected to return on Monday, August 20th, 2018 by 2:30PM.

In granting 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 activities, but whenever they leave the activity sites.

BONNIE KIDD
(Authorized Staff)

HURON HIGH SCHOOL
(School)

(Signature of Parent/Guardian)

(Date of Signature)

(Print Name of Parent/Guardian)

(Date of Signature)

(Address)

(City and Zip Code)

(Home Phone)

(Mobile Phone)

(Parent Email – print)

Please also remember to include a copy of your child's current Health Insurance Card.

Office Use Only: Date Received: _____

PAID _____ DATE _____