

NORDONIA HILLS SCHOOL DISTRICT

FIELD TRIP CONSENT FORM

_____ AT _____ HAS MY PERMISSION TO GO ON ANY SCHOOL
Name of Student *Building*
SPONSORED FIELD TRIPS WITH THE SCHOOL FOR THE 2010-2011 SCHOOL YEAR. I UNDERSTAND THAT

I WILL BE MADE AWARE OF WHEN THESE FIELD TRIPS WILL TAKE PLACE AND WHERE, AND MAY

WITHDRAW MY PERMISSION AT ANY TIME FOR ANY PARTICULAR TRIP. I ALSO UNDERSTAND THAT

MEDICAL INFORMATION, MEDICATION (IF APPLICABLE) AND EMERGENCY INFORMATION WILL BE

TAKEN ON EACH TRIP.

Signature of Parent/Guardian

DAY TIME PHONE _____

EVENING PHONE _____ (needed for any evening or overnight trips)

CELL PHONE _____ call anytime

call day only

call evening only