



Rochester High School

Parental/Guardian Consent Form for School Field Trip

Class / Club / Organization Name: RHS Counseling

Field Trip to: Wayne State University

Field Trip Date: 3/25/2020

Location: Wayne State

Departure time: 9:30 AM

Departure location: RHS

Return time: 1:30 – 2:00 PM

Return location: RHS

Method of Transportation to Field Trip Location: District provided busses

Field Trip Coordinator: Ms. Caggins

Contact email: acaggins@rochester.k12.mi.us

Waiver of Liability

I release and waive any, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees and representatives thereof, as well as field trip coordinators, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip and related activities or the rendering of emergency medical procedures or treatment, if any.

Medical Treatment

If any emergency medical procedures or treatment are required during the field trip, I consent to the field trip coordinator taking, arranging for, and consenting to the procedures or treatment in the coordinator's discretion. I will pay the costs of any such medical procedures or treatment.

Parent Consent:

I hereby give permission for my son/daughter _____ to participate in the above school-sponsored field trip.

Printed Name: _____

Signature of Parent/Guardian: _____

Contact Phone: _____

Date: _____