



Field Study - Parent Notification and Consent Form

I hereby give permission for my student to go to _____
on _____. We will leave Summit Academy High School at
approximately _____ and return at approximately _____.

Permission Slips are Due on _____.

_____ In granting this 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 listed return time, I will be responsible for those expenses. I understand that no child will be sent home unaccompanied by an adult.

_____ I understand that there will always be one teacher and/or one or more parent chaperones accompanying the students during the field trip.

_____ I understand that the Summit Academy Student Code of Conduct will be enforced. *No cell phones, iPods, CD players or other personal electronic devices are permitted at any time.* **I understand that the Summit Academy Dress Code will be enforced.**

_____ I understand that my child must be in good academic standing in order to be permitted to participate.

I understand that my child must have a FULLY DISPOSABLE BAGGED LUNCH AND BEVERAGE. If your child pre-ordered lunch for this day, a bag lunch will be provided for them.

Please sign and return portion below.

_____ Date: _____
(Parent or Guardian signature)

(PRINTED STUDENT NAME)

(Emergency Contact Number)

If you have any questions, please contact the high school office at 734-955-1730.