

# Belding Area Schools

## FIELD TRIP PERMISSION

Parents are asked to give permission for their child to go on instructional trips between this date and the end of the school year. With the help of the principal, the classroom teacher will select trips which have educational value. Transportation will be provided by Belding Area Schools. Some field trips may include walking to the destination. Teachers will send home an informational letter letting parents know whenever their class is leaving the building for a trip. Your signed permission will be held on file in the office.

I, \_\_\_\_\_ father/mother/guardian of  
(Parent/Guardian name)  
\_\_\_\_\_ give permission for my child to  
(Child's name)

accompany his/her class on any instructional trips jointly planned and approved by the Principal using transportation provided by bus and/or by walking.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Child's Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on this form and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangement necessary. **Note to parents:** No medications will be administered by school personnel without written directions from parent.

Physician's Name: \_\_\_\_\_ Physician's Telephone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

I affirm that as the parent/legal guardian, all information provided above is true and accurate. I understand any false information provided by me, may subject me to legal penalties for perjury.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## PHOTO/VIDEO RELEASE FORM

The schools may receive requests to allow students' pictures and video to be taken for use by newspapers, magazines, other publications, television programs, online sites and for a variety of other purposes like school security, student and staff slide and digital media presentations, internal brochures, and district website. For that reason, parent permission is needed on file in our schools. Please sign this release and return with your student.

\_\_\_\_\_ has my/our permission to have his/her picture and/or video  
(Child's name)

taken for any of the above reasons. We understand this consent is ongoing and we will not be contacted further.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_