

MacGregor Elementary School
1012 Fremont Ave.
Bay City, MI 48708
(989)892-1558

FIELD TRIP PERMISSION

2007-2008 SCHOOL YEAR

My child, _____, has my permission to participate in field trips sponsored by the school during the 2007-2008 school year. It is my understanding that such events will be properly chaperoned and that the school district will be responsible for transportation to and from the event. I also understand that I will be informed in a timely manner about each trip as they occur.

Parent Signature

Date

Teachers will be carrying these slips each time they leave the building. We ask that you provide emergency information for them should it be necessary.

Is your child allergic to any medication? (list if necessary) _____

Mother's Name _____

Home Phone

Work Phone

Cell Phone

Father's Name _____

Home Phone

Work Phone

Cell Phone

Emergency Contact _____ Phone: _____

Emergency Contact _____ Phone: _____

Emergency Contact _____ Phone: _____

I _____, parent/guardian of _____, do hereby authorize any required emergency care, which may be needed for my child while our child is under the supervision of the staff of MacGregor Elementary School. This authorization gives permission for anyone who is properly trained in emergency medical care to provide whatever assistance our child may need, inclusive of emergency surgery, if I am unable to be contacted at the time the emergency assistance is required.

Parent Signature

Date