PARENT CONSENT AGREEMENT FORM
FOR DISTRICT 117 FIELD TRIPS

In consideration of the permission extended to _____ (name of student) by the Board of Education of Community High School District 117 to participate in the **Student Council Lock-in on Thursday, August 11, 2011 from 7pm-7am**.

We, the parents/guardians of _____ understand that good student behavior consistent with Board Policy and the Student Handbook is expected of our child. We also understand that there are inherent risks in any student activity and believe that this trip does not pose any unreasonable risk to my student. That is the reason I agree to allow my student to participate, and I fully expect him/her to abide by all rules and regulations of the activity and the expected behaviors of any student in District 117.

In case of an emergency rising out of serious illness or injury, permission is hereby granted to transport my son/daughter to a medical facility, if necessary, and to provide necessary treatment. I understand that an attempt will be made by the school administration, the sponsor of the organization, or the attending physician to contact my spouse or me in the most expeditious way possible. If said physician is not able to communicate with me or my spouse, permission is hereby granted to the attending physician to proceed with necessary medical or surgical treatment in the best interest of my son/daughter, and if necessary to admit him/her to a medical facility. The undersigned has read this Parent Consent Agreement, understands its terms, and executes it voluntarily.

_____ _____

Signature of Student Date Address

_____

City

_____ _____

Signature Father/Guardian Date Signature Mother/Guardian Date

Daytime Telephone _____ Daytime Telephone _____

Evening Telephone _____ Evening Telephone _____

Cell phone _____ Cell phone _____

Distribution: Original to file; copy with teacher/sponsor (take on the field trip)
Revised: 1/25/07