



**SCHOOL DISTRICT OF GREEN LAKE
 Parent/Guardian Consent Form for WALKING Field Trips**

I, as parent/guardian of _____ do hereby grant my permission and consent for my child to participate in the field trip or extracurricular trip described below:

Field Trip: Walking Field Trips

Date: 2016-2017 School Year

Time: Regular School Hours

In granting such permission and consent, we

1. Acknowledge and assume full responsibility for any and all damage to person or property caused by our child or ward during such activity.
2. Expressly authorize emergency medical or dental treatment deemed necessary by the school district, its agents, and employees during such activity.
3. Expressly agree that in the event that any disciplinary action or the health of my child requires that my child be returned home during such activity that such return shall be accomplished at our expense.

Finally, we expressly acknowledge that we have carefully read this statement and understand its impact and effect. We acknowledge and understand that if we have any questions in regard to this statement that we have exercised our right to have it reviewed and further explained to us prior to our signing.

 Student Name (Print)

 Grade Level

 Parent/Guardian Name (Print)

 Signature of Parent/Guardian

 Date

