

Grand Blanc High School  
Field Trip Permission Form

Dear Parents:

In order for the students in Grand Blanc Community Schools to participate in planned field trips, it is necessary that we receive a signed statement of permission from the child's parent or guardian. The form below must be signed and returned to your child's teacher promptly.

Should the field trip necessitate the parent's secure transportation for the child and the parent is unable to do so, the district will provide other activities for the student, if the trip is during the school day.

Sincerely,  
Grand Blanc Community Schools

Location: *Lapeer Center for Innovation (CFI), 170 Millville Rd, Lapeer, Michigan 48446*

Beginning: *Saturday, November 18, 2017 at 9:00am*

Ending: *Saturday, November 18, 2017 at 5:00pm*

Teachers' Signatures are not required for this event

\*Time may be later (but not earlier) based on flow of rounds and event schedule

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(Print Student's Name): \_\_\_\_\_ has my permission to participate on the field trip scheduled for Saturday, November 18, 2017 to The Lapeer Lightning VEX Robotics Competition at the Lapeer Center for Innovation, in Lapeer, MI.

I understand the following transportation will be used:

Walking \_\_\_ School Bus \_\_\_ Volunteer Drivers \_\_\_ Charter Bus \_\_\_ Individual Transportation X

As parent or legal guardian of the above-named child, I hereby release Grand Blanc Community Schools, its agents and employees, from all actions, causes of actions, damages, and claims for all personal injuries which my child or ward, named above, may incur by participating in this fieldtrip.

I understand Grand Blanc Community Schools cannot accept financial liability for responsibility for volunteer drivers transporting children to this field trip because of the district's insurance may not cover the volunteer driver or passengers. The district does not screen volunteer drivers or their vehicles, and the volunteer driver's insurance is the primary coverage in the case of an accident.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date