

ALLEN PARK PUBLIC SCHOOLS  
PARENTAL PERMISSION SLIP/OUT-OF-STATE FIELD TRIP

DATE: 1/16/2008

Dear Parents:

The group of which your child is a member is planning a school trip to Phonex Arizona  
(location)

as part of their regular class work. The group will leave from Northwest Terminal  
(building/site)

by Airplane at approximately 5:00 a.m.  
(mode of transportation) (departure time)

on Wednesday, March 5, 2008 and will be chaperoned and under the same careful  
(day/date of trip)

teacher supervision which your child has while at school. The approximate return time of the students is

8:25 p.m. Sunday, March 9, 2008 The cost for each student is \$1,050.00  
(time) (price)

Please note it is possible that a field trip can be cancelled at the discretion of Allen Park Public Schools as a precautionary measure due to unforeseeable circumstances. Therefore, if your child has made a deposit for the trip, and the District is not able to obtain a refund, the District will not be responsible for refunding any lost monies.

In order for your child to attend this trip, it will be necessary to have your approval. You may express your approval or disapproval by signing the appropriate slip below and returning it to the main office no later than

\_\_\_\_\_  
(day and date)

Teacher

Principal [Signature]

I give permission for my child, \_\_\_\_\_ to take the school  
to Phoenix, Arizona Regionals on Wednesday, March 5, 2008

knowing that every precaution will be taken for his/her safety and well being.

Date

Parent/Guardian Signature

I do not give my child, \_\_\_\_\_ permission to take the school trip to  
Phoenix, Arizona Regional on Wednesday, March 5, 2008 and request that he/she be  
excused for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_

Date

Parent/Guardian Signature

PLEASE NOTE: the reverse side of this form must be complete prior to your son/daughter attending this out-of-state field trip. Should your child require medical treatment while attending this out-of-state field trip, it is necessary that the consent form as presented on the reverse side be properly executed and notarized (with notary's seal). For your convenience and as a service to parents, school offices are equipped to assist you with notary services. If you require assistance, please contact your building principal or secretary to schedule an appointment. Notary services will be provided to notarize consent for medical treatment of a minor child forms only.

ALLEN PARK PUBLIC SCHOOLS  
CONSENT FOR MEDICAL TREATMENT OF A MINOR CHILD

I (We), \_\_\_\_\_ and \_\_\_\_\_

I am (we are) the parents (s) or legal guardian(s) of \_\_\_\_\_

a minor, age \_\_\_\_\_, born \_\_\_\_\_ 19\_\_\_\_, \_\_\_\_\_  
(month, day) (street address)

\_\_\_\_\_ (city, state)  
The undersigned does hereby grant to the individuals listed below the limited Power of Attorney

To act for me and to give the required consents and authorizations for the delivery of medical care,  
diagnoses, and treatment, if necessary, for a period of time during my absence from MARCH 5, 2008  
to Mar 9, 2008, under the general or special supervision and on the advice of any physician

or surgeon licensed to practice medicine in the state (s) of ARIZONA

and do all other necessary things as I might or could do if personally present.

Ellen Pfafflin Sharon Giertz Norm Blaskay  
(Name of responsible adult) (Name of responsible adult)

The limited Power of Attorney is given pursuant to the provision of PA 1978, 642, Section 405 of the  
Probate Code and said Power of Attorney is not to exceed six months.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian) (Relationship to Child)

\_\_\_\_\_  
(address) (phone - home and work)

Date this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.  
(day) (month)

Private Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ (company and number)

Known allergies/significant medical history: \_\_\_\_\_

Last tetanus immunization: \_\_\_\_\_

Phone number where parents can be reached: \_\_\_\_\_

Address where parents can be reached: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

Notary Public, \_\_\_\_\_ County, Michigan.

My Commission expires \_\_\_\_\_

ALL OUT-OF-STATE FIELD TRIPS REQUIRE  
THE NOTARY'S SEAL ON THIS FORM