

Fairport Harbor Exempted Village School District
Harding High School
329 Vine Street
Fairport Harbor, OH 44077
440-354-5400

## Field Trip Student Permission Slip

My child	(student's name), has my permission to go on a trip to	
	(location) by	(transportation type)
On:	(date)	
The following teacher/s	staff member/s will act as a guide on t	his trip:
_	Release of Responsible Release of Release of Responsible Release of Responsible Release of Releas	onsibility er(s) responsible in the event of illness or any other
*Parent/Guardian Sign	nature:	
*This form mu	ust be completed and returned if yo	our child is to go on the above field trip*
Please PRINT: Student's Name Address	Grade_	Birthdate Telephone:
Mother's Name: Number(s) to Reach M	other:	
Father's Name: Number(s) to Reach Fa	ather:	
acknowledge that such and I hereby grant perr this trip will exercise the administering required Fairport Harbor School causes of action and point injury that may be sustain	risks exist. However, I believe that the mission for my son/daughter to particite necessary duty of care for the stude medication or seeking emergency emergency medication or seeking emergency emergen	•
Emergency Medical Fo	rm is on file for this school year and t	eacher/s and/or staff will bring on this field trip.
*Signature of Parent/Gu	ardian:	Date: