

Survey Trip Field Trip Permission Form

Rudolf Steiner School of Ann Arbor

My child (print child's name here): _____

has my permission (parent's signature below) to travel with his/her class via bus, on the Survey Trip where they will be residing at Camp Lookout. Please check the activities below that you give permission for your child to participate in if the opportunity arises:

- All activities **INCLUDING** lake swimming All activities **EXCLUDING** lake swimming

We will leave from RSHS on Saturday, June 1, 2019 at 8:00am

We will return to RSHS on Friday, June 7, 2019 around 6:15pm

Please understand that when we go on field trips, the School and the chaperones have little or no control over the ambient environment and there are always additional risks associated with travel beyond the School grounds. Because of these additional risks we are asking you, by signing this form, to:

- 1) give permission for your child to participate in the Survey Trip;
- 2) contact your class teacher or school coordinator, if you want more information about the Survey Trip or if you have information you think the trip chaperones should know;
- 3) hold the School and chaperones harmless for matters beyond their control;
- 4) update your emergency contact information and your child's medical condition form, if they need to be updated;
- 5) authorize the chaperones to seek and initiate medical treatment, if they deem it necessary; and
- 6) talk with your child about behaving appropriately and following the directions of the chaperones on the Survey Trip.

If you have any questions, please contact Katie Andrews or Laura Shope at 734-669-9394.

Parent Signature

Date

Current Medications and Dosage:

Current Medical Conditions:

Allergies (list **ALLERGY TYPE, SEVERITY, TREATMENT**):

Parent Name (print) _____ Student Name (print) _____