Please Return This Form No Later Than Friday, April 17, 2026

FIELD TRIP CONSENT FORM

I hereby **(do give, do not give)** my permission for my son/daughter _____
(Please Circle One) Student's Name
to participate in the **Cedar Point Field Trip in Sandusky, Ohio on Friday, June 5th, 2026**
Destination Date

By signing this form, I acknowledge that I have fully reviewed and understand the specific information regarding this field trip as set forth in the Field Trip Information Sheet, which I received regarding this trip. Additionally, in granting this permission, I fully understand that all school rules set forth in the Student Code of Conduct and Board of Education policies are in effect at all times on any field trip. Students who violate any of the rules and regulations will be subject to penalties and consequences set forth in the Student Code of Conduct. In addition, any student who commits a serious infraction while on a field trip may, at the discretion of the trip director, sponsors or chaperones, be sent home at the parents' expense. I further understand that should my child be detained for reasons beyond the District's control, I am responsible for any further expenses incurred. I also understand it is possible that a field trip can be canceled at the discretion of Plymouth-Canton Community Schools as a precautionary measure due to the state of affairs in the United States and the World. Therefore, if my 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.

By signing this form, I am signifying that I fully understand the financial obligations and the penalties connected with a violation of the Student Code of Conduct while on this trip.

_____ _____
Parent/Guardian Signature Date

EMERGENCY AUTHORIZATION FORM IN CASE OF AN EMERGENCY, I HAVE PROVIDED A CURRENT DAYTIME TELEPHONE NUMBER AND ALSO AN ALTERNATIVE DAYTIME TELEPHONE NUMBER.

Name:_____ **Phone:**_____

Name:_____ **Phone:**_____

The teacher (needs, does not need) to be aware of any health concerns regarding my child. List concerns:

_____

_____

My son/daughter (is, is not) presently taking medication. List medication:

_____

I understand that if school personnel are unable to reach me or a person whom I have designated, I do hereby authorize them to secure emergency medical treatment as necessary. I agree to pay all expenses incurred by this emergency care.

_____ _____
Parent/Guardian Signature **Date**

I am available to chaperone _____Yes _____ No (If yes, please include an **additional $20 deposit**)

Please Note: All chaperones MUST submit an ICHAT REQUEST to the P-CCS Human Resources Department two weeks prior to the field trip date. The form is available on the district website.

Name:_____ Daytime Phone/Email Address:_____

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