

FRANKTON-LAPEL COMMUNITY SCHOOLS
7916 West 300 North
Anderson, IN 46011-9129
(765) 734-1261 FAX (765) 734-1129

PARENT NOTIFICATION OF FIELD TRIP

I hereby give my permission for my son, daughter _____ to go on a class trip to
_____ on _____.

I understand that the trip will be under the supervision of teachers and students will be held accountable in accordance with the school corporation's code of conduct.

I give consent for medical treatment in case of extreme emergency.

I hereby relieve Frankton-Lapel Community Schools of all responsibilities beyond that of normal supervision.

Signature of Parent or Guardian

Date