## PARENT CONSENT AGREEMENT FORM FOR DISTRICT 117 FIELD TRIPS

In consideration of the permission of child) by the Board of Education FIRST Robotics Illinois T	ion of Commun	ity High School District 117 to partici	(name pate in
we, the parents/guardians of _consistent with Board Policy a understand that there are inherenced pose any unreasonable risk to re-	nd the Student nt risks in any s my student. Th m/her to abide b	understand that good studen Handbook is expected of our child tudent activity and believe that this true is the reason I agree to allow my by all rules and regulations of the activity.	We also ip does not student to
transport my son/daughter to a n I understand that an attempt w organization, or the attending ph possible. If said physician is r hereby granted to the attendir treatment in the best interest of p	nedical facility, vill be made by aysician to contant to common able to common physician to my son/daughte	Illness or injury, permission is hereby if necessary, and to provide necessary the school administration, the sponent my spouse or me in the most experimentate with me or my spouse, per proceed with necessary medical er, and if necessary to admit him/her to Consent Agreement, understands its	treatment. nsor of the ditious way rmission is or surgical o a medical
Signature of Student	Date	Address	
		City	
Signature Father/Guardian	Date	Signature Mother/Guardian	Date
Daytime Telephone		Daytime Telephone	
Evening Telephone		Evening Telephone	
Cell phone		Cell phone	

Distribution: Original to file; copy with teacher/sponsor (take on the field trip)

Revised: 1/25/07