



Return form by: \_\_\_\_\_

## South Washington County Schools Field Trip Parental Authorization Form

A field trip to: Kenosha, WI Planned by: Royals Boys Lacrosse Cost: \$100  
Booster Club  
Purpose: Attend D3 Lacrosse game at Carthage College on (date): April 5th to 6th from (time): 4pm to (time): 11pm  
Additional field trip information: Players will practice and tour Carthage College. Team Hotel is Springhill Suites by Marriott, Kenosha 7653 125th Ave, Kenosha, WI 53142. 262-551-3401. Transportation by Northline Charters

Parent/Guardian please complete and return this portion to school.

Student Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

- I understand that district procedures have been followed in planning for this field trip. A plan has been filed with the principal regarding safety and supervision issues.
- Weather conditions will be considered prior to the trip and necessary adjustments may be made. This could include canceling the field trip.
- I also understand that I will be responsible for paying all expenses related to sending my child home from the trip due to disciplinary reasons or illness if the school staff deems it necessary. I authorize my child to participate in the field trip.

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child have any needs which will require special attention or supervision on the field trip? YES NO

If YES, please explain the necessary considerations: \_\_\_\_\_

(The above information will be taken on the field trip by the supervisor.)