



2017 Marching Band Permission Slips

The district requires a separate permission slip for each marching band competition. By filling out the information on this page, the data will be copied to every copy of the permission slip so it only needs to be filled out once. You have the option of printing out the permission slips and filling them out manually if you prefer. Review your documents carefully and ensure they are **fully completed and signed!**

Please print these pages single sided (leave the back of each page blank) – each permission slip is filed separately. This cover page does not need to be printed or submitted.

These permission slips are for the following events:

- BOA Toledo OH Regionals - September 23rd
- Novi H.S. – October 7th
- Livonia Franklin H.S. – October 14th
- Clarkston H.S. – October 21st
- MCBA State Finals, Ford Field – November 4th
- BOA Nationals, Indianapolis IN – November 9th – 12th

Note there is no permission slip required for GLI on October 28th

Student Name:

My Son Daughter / does have my permission does not have my permission

Today's Date:

Parent / Guardian Name:

Phone:

Parent / Guardian Name:

Phone:

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

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

List medication:

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 school-sponsored field trip to Toledo, OH on Sept, 23, 2017 .
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, in 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 cancelled 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 the 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

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 school-sponsored field trip to Novi H.S. on Oct. 7, 2017.
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, in 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 cancelled 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 the 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

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 school-sponsored field trip to Livonia Franklin H.S. on Oct. 14, 2017 .
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, in 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 cancelled 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 the 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

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 school-sponsored field trip to Clarkston H.S. on Oct. 21, 2017.
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, in 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 cancelled 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 the 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

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 school-sponsored field trip to Ford Field Detroit, MI on Nov. 4, 2017.
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, in 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 cancelled 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 the 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

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 school-sponsored field trip to Indianapolis, IN on Nov. 9-12, 2017.
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, in 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 cancelled 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 the 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

PLYMOUTH -CANTON COMMUNITY SCHOOLS

Plymouth, Michigan

EMERGENCY AUTHORIZATION FORM

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

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.

Signature of Parent /Guardian

Date