



Department of Center Programs

## Permission for School Activity Participation

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

Purpose:     Field Trip     CBI (Community Based Instruction)     Special Olympics  
  
 Other \_\_\_\_\_

Destination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Trip: \_\_\_\_\_

Departing School at: \_\_\_\_\_

Return to School at (estimated) : \_\_\_\_\_

I give my permission for \_\_\_\_\_ (student) to attend the above school activity.

Transportation will be arranged through the Macomb Intermediate School District (MISD).

The MISD will provide appropriately trained staff to accompany students to administer medication/ accommodation(s), when necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Teacher (Print name)

**If you have any questions regarding the school activity, please contact your child's teacher or principal.**

6/16/2016