PARENT CONSENT AGREEMENT

for District 117 field trips

| In consideration of the permission extended to | (name of child) by the |
|--|--|
| Board of Education of Community High School District 117 to partic | cipate in |
| Basketball Fan to Boys Sectional Game at Ridgewood High Sc | hool (7500 W Montrose Ave, Norridge, IL 60706) |
| Bus will leave Antioch High School at 5:30 pm and return after the o | conclusion of the Game. It will cost \$5 to enter the game. |
| we the parents/guardians of | (name of child) understand that good |
| student behavior consistent with Board Policy and the Student Han | dbook is expected of our child. We also understand that there are |
| inherent risk to my student. That is the reason I agree to allow my s | student to participate, and I fully expect him/her to abide by all rules |
| and regulations of the activity and the expected behaviors of any st | udent in District 117. |
| In case of an emergency rising out of serious illness or injury, perm | ission is hereby granted to transport my son/daughter to a medical |
| facility, if necessary, and to provide necessary treatment. I understa | and that an attempt will be made by the school administration, the |
| sponsor of the organization, or the attending physician to contact m | y spouse or me in the most expeditious way possible. If said |
| physician is not able to communicate with me or my spouse, permis | ssion is hereby granted to proceed with necessary medical or |
| surgical treatment in the best interest of my son/daughter, and if ne | cessary to admit him/her to a medical facility. The undersigned has |
| read this Parent Consent Agreement, understands its terms, and ex | xecutes it voluntarily. |
| Student Information | |
| Name: | _ |
| Address: | City: |
| Signature: | Date: |
| Father/Guardian Information | |
| Name: | _ |
| Email: | Phone: |
| Signature: | _ |
| Mother/Guardian Information | |
| Name: | _ |
| Email: | Phone: |
| Signature: | Date: |
| | |