

Health Career Exploration Camp 2017

Consent to Treatment and Release Form

Name of student: _____



FIELD TRIP PERMISSION SLIP

Livingston Educational Service Agency



Please print out and sign this form. Mail back to LESA with check for registration

LESA Building
1425 W Grand River Ave,
Howell, MI 48843

STUDENT NAME: _____ **DATE:** _____

DATES OF FIELD TRIPS: JUNE 26-28, 2016 (9:15 DEPARTURE - RETURN BY 3:00)

ADULT(S) IN CHARGE: LAURA HOEHN AND JAIME SCAPPATICCI

FIELD TRIP TO: JUNE 26 – EMS FACILITY/ ST. JOSEPH MERCY, LIVINGSTON
JUNE 27 - EASTERN MICHIGAN UNIVERSITY
JUNE 28 - LANSING COMMUNITY COLLEGE, PARKER CAMPUS

TRANSPORTATION WILL BE PROVIDED BY SCHOOL BUS

PARENT(S) / GUARDIAN(S):

This information must be completed before your child can participate in the above-mentioned field trip.

Whenever we see the desirability of taking groups of students outside of our school to promote and enrich their education, we want you, the parents, to be aware of this trip and to give you the opportunity to approve or disapprove of your child's participation.

My son / daughter has my permission to participate on the above noted field trips. I hereby authorize medical treatment in case of an emergency.

EMERGENCY INFORMATION:

If your child has a health problem, please note here: _____

Daytime telephone number(s) where parent/guardian can be reached on above date: _____

Today's Date

Signature of Parent(s)/Guardian(s)

Photo/Video Release

I give LESA, LCC and EMU, officers, employees, and agents, permission to take photographs and/or video of my child. I also give permission to LESA to put the finished photographs or video, including composites or artistic representations, to any legitimate uses it may deem proper. I understand that the use of the photographs or video is intended for, but not limited to, publicizing LESA CTE programs. I hereby waive my right to inspect and/or approve the finished photographs/videos that may be used in conjunction with the aforementioned publications.

Subject matter of photograph(s): LATEC, LESA, LCCAN and EMU websites

Additional applications/uses: Potential promotional materials

Student Expectations

The student is responsible for their personal belongings. LESA is not responsible for any lost or stolen items.

Students are expected to behave in the manner as outlined in their district Student Conduct Code.

I, the student, have read and understand this document and hereby agree to its terms and conditions.

Print Name: _____ Date: _____

Signature: _____

I hereby certify that I am the parent/guardian of the above-named student and acknowledge that I have read and understand this document. I agree to its terms and conditions.

Print Name: _____ Date: _____

Signature: _____

Send completed forms and registration fee to:

Laura Hoehn
Career and College Readiness Coordinator
Livingston Educational Service Agency
1425 W. Grand River Ave.
Howell, MI 48843