Plainfield Community Consolidated School District 202
John F. Kennedy Middle School
12350 S. Essington Rd. Plainfield, IL 60585
Telephone: (815) 439-8024
Fax: (815) 254-7375

Trip Consent Form

I hereby give permission and consent for my son/daughter. _____
(Student's name)

To participate in the following activity:Boys Basketball, Girls Basketball, Cross-Country, Boys Soccer, Girls Soccer, Track & Field, Volleyball, and Wrestling. During the annual season, sponsored by Plainfield Consolidated Community District 202, and to be transported by:

( ) School Bus ( ) Van ( ) Private Vehicle

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1. CONDUCT: I understand that my student must comply with the provisions of the student Handbook and other rules of conduct established by the School District while participating in the above mentioned activity. I have discussed this requirement with my student.

2. EMERGENCY MEDICAL AID: _____ I hereby give permission for the School District to secure whatever emergency medical treatment my child needs in connection with the activity.

( ) Yes ( ) No

If I am away from home during the time of this activity, I can be reached at:

_____ _____
(Address) (Telephone)

Other health information about my child of importance to the activity:

_____

_____

Parent/Guardian Signature:_____Date: _____

Address:_____Telephone:_____