

**Community School Corporation Southern Hancock County  
New Palestine, Indiana**

**STUDENT FIELD STUDY**

**Parent/Guardian Consent Section**

<b>Teacher(s) / Trip Sponsor(s)</b>		

<b>Trip Destination:</b>						
<b>Departure Date/Time:</b>		<b>Time</b>		<b>AM</b>		<b>PM</b>
<b>Return Date/Time:</b>		<b>Time</b>		<b>AM</b>		<b>PM</b>

<b>Student Name:</b>			
<b>In case of emergency, please notify:</b>		<b>Telephone:</b>	

**Please identify any health concerns which the teacher/sponsor should be aware:**

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*My signature below verifies that I am the parent/guardian of the above student and hereby provide permission for the student to participate in this educationally related field experience.*

<b>Parent / Guardian Signature</b>	<b>Date</b>

**Student Agreement Section**

*I fully understand that this is an educational activity and will, to the best of my ability, apply myself for the purpose of learning and will represent the finest qualities of a Southern Hancock student. I understand that all school rules and regulations apply on the trip.*

<b>Student Signature</b>	<b>Date</b>