

Iosco RESA Career and Technical Education Center
27 N. Rempert Road ♦ Tawas City, MI 48763 ♦ (989) 362-3006

Field Trip or All Day Tech Center Activity Notification

THIS FORM MUST HAVE ALL SIGNATURES AND BE RETURNED TO THE TECH CENTER NO LATER THAN _____.

Student Name: _____ **Grade:** _____ **School:** _____

Tech Center Program: _____ **Tech Center Teacher:** _____

Field Trip Information: _____

Date(s) of Activity: _____ **Departure Time:** _____ **Return Time:** _____

This Section Required For All Day Field Trip/Activity

Teachers: If there is a problem with the student missing your class for this activity, please contact the Tech Center instructor listed above.

Hour	Class	Teacher	Signature	Comment
1				
2				
3				
4				
5				
6				
7				

I realize that I am responsible for all work missed during my absence. I also understand that I must get the form signed by my teachers prior to getting my parent's signature.

Student Signature: _____ **Date:** _____

Transportation: I understand it is our responsibility to transport our child to and from the Tech Center on the day of this event. Therefore, by signing this form I give permission for my child to ride with another student, another student's parent, drive or be driven by my spouse or myself to and from the Tech Center on the day of this event.

*Information only needed for out of district activities

***Medical Treatment information:** In the event of an emergency, I hereby request and permit a physician and hospital personnel to render services to _____ and any medical or surgical treatment he/she may require in my absence.

***Name of Insurance:** _____ **Policy #:** _____

***Phone Numbers in Case of Emergency:** _____

***Other Emergency Contact Name:** _____ **Phone Number:** _____

Parent/Guardian Name (Print): _____ **Relationship to Student:** _____

Parent/Guardian Signature: _____ **Date:** _____

Tech Center Teacher Signature: _____ **Date:** _____

High School Admin Signature: _____ **Date:** _____