

**Independent School District No. 2903**

200 Trojan Drive  
Ortonville MN 56278  
Phone: 320/839-6181 • Fax: 320/839-2499

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PARENTAL CONSENT FORM

Name: \_\_\_\_\_

School: Ortonville High School

Trip: \_\_\_\_\_

Place: \_\_\_\_\_

Advisor(s) accompanying group: \_\_\_\_\_

The above named student has our consent to attend the trip described above. We understand the arrangements and rules of conduct and believe the necessary precautions and plans for the care and supervision of the students during the trip will be taken. Beyond this, we will not hold the school or those supervising the trip responsible for the students' actions or behavior.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student

\_\_\_\_\_  
Advisor

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