

FIELD TRIP PARENTAL PERMISSION FORM

Student's Last Name _____

First Name _____

Middle Initial _____

Name of field trip: _____ Destination: _____

Date/Time leaving: _____ Date/Time returning: _____

Cost to student: _____ Mode of transportation: _____

Lunch Arrangements: Included in cost of trip: _____ School lunch: _____ From home: _____

Teacher/staff members in charge of trip: _____

HEALTH/INSURANCE INFORMATION Adequate insurance coverage is required. For your child's safety, we may also require clearance from a doctor before a child with serious medical problems can participate in any trip.

1. List any major illness the student has had: _____

2. List any medications the student may have to take while on the trip, including an explanation of what the medication is for: _____

3. Attach a list of any special dietary restrictions or medical problems about which the chaperone should know. Put date and initial here _____ if you are attaching a list.

4. Insurance information:

a. Does your child have school insurance? (Check one) YES _____ NO _____

b. Does your child have Medicaid coverage? (Check one) YES _____ NO _____

c. Does your child have military insurance? (Circle one) YES _____ NO _____

(If yes, list the sponsor's name and rank.) _____

If the answer to ALL THREE of the insurance questions is NO, then you must certify that your child has adequate insurance coverage by filling in the following information:

Name of insurance company: _____

Policy number: _____

Effective dates of coverage: _____

Note: In case of out of state and/or overnight trips the teacher(s) should provide parents/guardians with information including name of hotel (if any) and/or telephone numbers where participants can be reached. Please contact the chaperone at the school, if you have questions before the trip.

SIGNATURE OF PARENT/GUARDIAN: By signing below, I am giving permission for my child to participate in the field trip. I am certifying that my child has adequate medical insurance. I am also giving permission for the chaperones to seek emergency medical care in case of an emergency, with the understanding that I will be contacted, if at all possible. I will not hold Sumter School District or any of its employees liable for injury incurred as the result of an accident.

Signature of parent/guardian giving permission _____

Emergency telephone number _____

Date _____

Parent Cell Number: _____ Student Cell Number: _____

Note to trip sponsors: A copy of the permission form for each student must be filed with the principal before departure. You must take the originals of the permission forms with you on the trip.