

PARENTAL PERMISSION FOR OFF CAMPUS ACTIVITES GREENE COUNTY BOARD OF EDUCATION

Off Campus Trip Information: *(To be completed by the school)*

Purpose:			
Destination:			
Date of Trip:	Departure Time:	Return Time:	
Type of Transportation:	Number of Chaperones:		
Personal Expenses per students:			
Teacher(s) Responsible:			
School:	School Phone Number:		
Date Form Distributed:			

Parent Release Statement and Permission: *(To be completed and signed by parent/guardian before student can attend trip)* **Please sign one of the lines below**

I _____ give permission for my child _____ to drive to the off-campus activity.

I _____ give permission for my child _____ to drive to the off-campus activity and have a student rider in the vehicle. (You must attach proof of insurance requirements stated in Board Policy 3.404-Limits of at least \$100,000/300,000/25,000.)

I _____ give permission for my child _____ to ride with a teen-driver from school to the off campus activity.

I understand the arrangements for this field trip. In addition, I believe that the necessary precautions and plans for the children's care and supervision will be exercised. Beyond this, I will not hold the school or those supervising the trip responsible.

In the case of an emergency or illness, I give permission for Greene County School personnel to obtain medical services for my child. Permission is also given to the attending physician and/or medical institution to treat him or her.

Child's Current Medication, Medical Conditions, and/of Food or Medicine Allergies: _____

Name of Parent(s) or Guardian(s): _____

Printed

Phone Contacts for Parent/Guardian:

Date: _____

Name	Phone Number

*Note: School trips are normal school activities and all rules of conduct and penalties for violation will apply.

Revised: 2/17/2016