

PARENTAL PERMISSION FOR FIELD TRIP

GREENE COUNTY BOARD OF EDUCATION

Field 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 Field Trip Form Distributed:			

Parent Release Statement and Permission: *(To be completed and signed by parent/guardian before student can attend trip)*

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: _____

My child _____ has my permission to participate in this field trip.
Name of Student

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

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

Phone Contacts for Parent/Guardian:

Date: _____

Name	Phone Number

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