

**Wilson County Schools**  
**Parent/Guardian Field Trip Itinerary and Consent Form**



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

Supervising Teacher's Name(s): \_\_\_\_\_

Date and Time of Departure from School: \_\_\_\_\_

Date and Time of Return to School: \_\_\_\_\_

Place(s) to Visit: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

I hereby grant my informed consent and permission for my student, \_\_\_\_\_, to attend the school supported field trip described above. In the event of an accident or medical emergency, I authorize any supervising teachers on the trip to seek medical assistance, and I will assume responsibility for all expenses. I hereby fully and unconditionally discharge and release from liability the Wilson County Board of Education, its agents and employees from any and all claims of any nature arising or resulting from the activities described above.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Address: \_\_\_\_\_

Date of Student's Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Student Allergies: \_\_\_\_\_

List of Medications \_\_\_\_\_

**If parent cannot be reached in the event of an emergency, contact:**

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

Phone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Address: \_\_\_\_\_