

Santa Rosa County School District
Authorization for Student Participation in a Field Trip
 School Name _____

Trip Name: _____ Destination: _____

Date of Trip: _____ Mode of Transportation: _____

Estimated Time of Departure: _____ Estimated Time of Return: _____

*****Parents, please complete all of the following information:*****

Student's Name: _____ Teacher's Name: _____

Name of Parent/Guardian: _____ Phone Number: _____

A. Parent/Guardian Permission

I understand that my son/daughter is not required to attend this field trip. I give permission for participation in the activity. I agree to release the Santa Rosa County School Board and its officials, officers, and employees from liability for any and all claims of injury which might occur while my son/daughter is participating in this field trip activity.

B. Emergency Medical Authorization

Should a medical emergency arise while my son/daughter is participating in this activity, I will be notified at the above number in order to approve medical treatment. In the event that I or one of the emergency contacts listed below cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician. I understand and agree that I will be responsible for the cost of such treatment.

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Name of Insurance Company: _____

Group/Policy Number: _____

- I would like to serve as a chaperone for this field trip
- I have a Volunteer Application 63-10-04 on file (Requires School Board Approval)
- Please send me a blank Volunteer Application form 63-10-04
- I would like to participate in this Field Trip as a visitor only
- I have a Field Trip Attendance Application form 50-01-02 on file – School Year _____
- Please send me a blank Field Trip Attendance Application form 50-01-02

Signature of Parent/Guardian

Date Signed