

Columbus County Schools
School Trip Permission Slip

My son/daughter, _____, has permission to participate in the field trip described below:

Destination: _____

Nature or purpose of the trip: _____

Date/time leaving: _____ Date/time returning: _____

Sponsors/Chaperones: _____

Type of Transportation: (_____) School Activity Bus (_____) Commercial Chartered Bus

Lunch will be provided by the school: ____ Yes ____ No

Additional meal plans: _____ Cost: _____

Cost of the Trip per child: _____ Refund available if trip is cancelled ____ Yes ____ No

Students participating in a field trip will:

- ❖ Have met the extracurricular academic guideline as determined by the administrator and sponsor(s).
❖ Have not had any major discipline problems as determined by the administrator.
❖ Have a good attendance record as determined by the administrator.
❖ Follow all school building rules and regulations at school and during the trip.
❖ Be properly dressed for the occasion as determined by the sponsor/administrator in charge.

PLEASE NOTE: Failure to follow school rules during the trip may result in a student being sent home at the PARENT'S/GUARDIAN'S EXPENSE and/or loss of eligibility for any future trip.

Please specify any medical condition/concerns (i.e. medicine, dietary needs, allergies, physical restrictions):

A chaperone/teacher has permission to administer my child's medication or medical treatment while away from school on this trip. This authorization can be acted on only if the medication and a physician's order are currently in the possession of the school. A parent may not hand medication to the teacher the morning of the trip.

Medication to be administered: _____ Dosage: _____ Time to administer: _____

My child's medication is kept at school: ____ Yes ____ No Other _____

I acknowledge that despite the school's precautions and supervision, participation in this field trip may involve some risk of injury or property damage greater than that associated with a classroom based activity; therefore, the school and those charge will not be held responsible in case of an accident. Columbus County Schools may not carry insurance coverage for this trip or for injuries to the student and the guardian is strongly encouraged to obtain his/her own insurance through the Student insurance program or through a separate insurance carrier.

By signing below, I agree to all above guidelines and conditions for this field trip:

Parent Signature _____ Date _____ Student Signature _____ Date _____

Cell Phone # _____ Home # _____ Work # _____