

Pamlico County Schools**SCHOOL TRIP PERMISSION FORM**

My child, _____, has my permission to go on a school trip to _____ with the _____ Club/Class/Grade on _____.

The group will depart at _____ and return at _____.

I understand that he/she will ride the School Activity Bus _____, Charter Bus _____, or _____.

He/she will return to school at approximately _____.

I will provide transportation for him/her when the return is after school hours.

Parent/Guardian Signature

Date

Health Insurance Information

Health insurance information is required for out-of-state or overnight school trips. Please complete this section when applicable.

Student name as it appears on Health Insurance Records: _____

Name of Policy Holder: _____

Policy Number: _____

For PCHS Student Use Only

Student should have each period teacher sign below indicating that they are aware that you will be out of class for this trip.

1st Period: _____ 3rd Period: _____

2nd Period: _____ 4th Period: _____