

Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_ Duration of Trip: \_\_\_\_\_ until \_\_\_\_\_ Trip Cost: \_\_\_\_\_

Destination and Purpose of Field Trip (including any activities in which your child will be participating): \_\_\_\_\_

I/We as Parent(s) or Guardian(s) of \_\_\_\_\_, do hereby give permission for my child to participate in the above referenced field trip and/or school activity. I understand that the school will make arrangements for transportation and supervision during the field trip activity.

I understand that this trip is an optional activity and is not required for credit in any course the student is taking. I also understand that the student's grade in the course, which is related to this trip, will not be affected by my child's participation or lack thereof. The student will be allowed reasonable time to complete all course work as outlined by his/her teachers as a result of being out of class for the above referenced activity.

I do understand that non-refundable deposits and contractual fiscal obligations will be subject to forfeiture in the event of a National Security Alert- one which would make it prudent to cancel the activity for specific locations or the entire United States.

I do understand that there are always some risks involved in any type of activity which occurs during transportation to and from the activity and during the activity itself. I will emphasize to my child the importance of his/her orderly and cooperative behavior during the trip and activity. I further agree to release and hold the Davidson County Board of Education as well as their employees, administrators, agents, trustees, and board members harmless from any and all liability for any damages or losses, including acts of negligence, incurred by my son/daughter through their participation in this activity.

\_\_\_\_\_  
Parent's/legal guardian's signature \_\_\_\_\_ date

**Medical Emergency Information**

Name of parent to contact in an emergency \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Other # \_\_\_\_\_

Does your child have allergic reactions to any medications? \_\_\_\_\_ If yes, please list \_\_\_\_\_

Are there other special medical conditions or instructions (including the administration of any medication during the trip) concerning your child's health that needs to be brought to the teacher's attention? \_\_\_\_\_

If so, I will send necessary medicine clearly labeled with instructions.

Comments: \_\_\_\_\_

**Medical Authorization**

I do further authorize any physician or hospital to render medical care and treatment which may be needed by the above named student without our specific permission or authorization.

**Please check one of the two statements below:**

\_\_\_\_\_ I have insurance coverage for my child (name of carrier and policy # are requested) and I give permission for him/her to be given emergency treatment in case of an accident or illness.

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_ I do not currently have insurance coverage for my child, but give permission for him/her to be given emergency treatment in case of an accident or illness. I will assume all financial responsibility for any services rendered.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

(confirming medical information listed above)

**(OPTIONAL) NOTARIZATION** (Some hospitals/doctors may not treat children if their condition is not serious/life-threatening without the notarization.)

**TO BE COMPLETED BY THE NOTARY PUBLIC:** Sworn and subscribed to before me by \_\_\_\_\_, on \_\_\_\_\_ (Stamp Here)

My commission expires: \_\_\_\_\_

Signature of Notary