

ADULT FIELD TRIP RELEASE FORM

Field Trip Information: *(To be completed by the school)*

Purpose:			
Destination:			
Date of Trip:	Departure Time:	Return Time:	
Type of Transportation:	Number of Chaperones:		
Personal Expenses:			
Teacher(s) Responsible:			
School:	School Phone Number:		
Date Field Trip Form Distributed:			

Release Statement and Permission: *(To be completed and signed by the adult before an adult can attend trip)*

I understand the arrangements for this field trip. In addition, I believe that the necessary precautions and plans for my care and supervision will be exercised. Beyond this, I will not hold the Greene County school system or those supervising the trip responsible in the case of an emergency or injury.

In the case of an emergency or illness, I give permission for Greene County School personnel to obtain medical services for me. Permission is also given to the attending physician and/or medical institution to treat me.

Current Medication, Medical Conditions, and/of Food or Medicine Allergies: _____

Name of adult field trip participant: _____
Printed

Signature of Adult field trip participant: _____

Phone Contacts :

Name	Phone Number

Date: _____