

YADKIN COUNTY SCHOOLS

FIELD TRIP AND MEDICAL TREATMENT CONSENT AND RELEASE FORM

Teacher(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Destination: \_\_\_\_\_ Mode of Travel: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Student Attire/Dress: \_\_\_\_\_

Time: Departing: \_\_\_\_\_ Returning: \_\_\_\_\_ Meal Requirements: \_\_\_\_\_

Student Costs: \_\_\_\_\_

The field trip is planned to include the following itinerary: \_\_\_\_\_

The trip's educational purposes are: \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Principal Signature \_\_\_\_\_

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Cut here and return this portion to school

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_  
(circle one) (student's name)

hereby give my permission for my child to attend the field trip of \_\_\_\_\_  
(teacher's name)

\_\_\_\_\_ on \_\_\_\_\_  
(grade/subject/school) (destination) (date)

Does your child have special medical needs? Yes No If yes, please explain (allergies, medications, etc.) \_\_\_\_\_  
(circle one)

**PERMISSION TO GIVE MEDICAL ASSISTANCE:**

Should any medical emergency arise during this field trip, I give permission to the supervising staff member(s) to seek medical assistance for my child.

**PERMISSION TO GIVE MEDICATION:**

I give permission to the supervising staff member(s) to administer medication to my child in accordance with my instructions. I understand it is my responsibility to send any medication my child will need while on this field trip and that all medications must be in the original container. I will provide a signed Yadkin County Schools Medication Form for each medication and specific instructions for administration. I understand all prescription medications must be signed by my child's physician. I also understand school staff will not administer any medication without this information.

**WAIVER OF LIABILITY FOR FIELD TRIPS:**

I understand that the Board of Education does not carry or may not carry any insurance relative to this field trip for injuries to my child. I acknowledge and represent that my child is covered for this field trip through the Yadkin County Schools student insurance program or through my own insurance carrier, and/or that I am responsible for the cost of any medical service or treatment administered to my child during this field trip not paid by insurance.

In addition, I release and waive, and further agree to indemnify, hold harmless and reimburse the Board of Education, the individual members, agents, employees and representatives thereof, from and against any claim which I may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with my child's participation in this field trip and related activities or the rendering of medication, emergency medical procedures, or treatment, if any.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Emergency Contact Number/Cell Phone Number