



**LIMESTONE COUNTY BOARD OF EDUCATION**

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# FIELD TRIP PERMISSION FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Field Trip Destination: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_

Means of Travel (school bus, charter, etc.): \_\_\_\_\_

I acknowledge that my child will be participating in the field trip described above. I hereby release the Limestone County Board of Education, the school, its agents, and all volunteer personnel from all liabilities or damage/injuries to my child or his/her property during his/her participation in this event.

Parent/Guardian's Name (please print): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**\*\* Teachers should fill out all pertinent information (grade, teacher, destination, date of event, travel) prior to giving this form to students. All completed forms are to be clearly marked with teacher's name and class and turned in to the office on the day of the field trip before departure.**