**JENNINGS SENIOR HIGH SCHOOL**

**FBLA PROGRAM**

FIELD TRIP CONSENT FORM

Date:

Program: Trip:

No. of Participants:

Date and Destination of Field Trip:

Time of Departure: Time of Return to School:

Description of Field Trip:

Method of Transportation: Chaperones: **Mr. Dickson**

Meals & Registration: Cost:

Additional Information

**Many field trips require payment in advance for ticket reservations and/or travel accommodations. Students who become unable to attend because of family decisions, illness, or school suspensions may not be granted a refund.**

----------------------------------------------------------------------------------------------------------------------------------------------------------

**CONSENT (Please Print)**

Date & Destination of Field Trip:

I **do not** give my child, , permission to participate in the field trip.  
 I do hereby give my child, , permission to participate in the above-mentioned field trip. I realize that any violation of the rules may result in the immediate return of the student to his/her home community at the expense of the parent/guardian. Furthermore, I agree to release the Jennings School District, its representatives, agents, volunteers, and employees from liability for any injury to the named person, at any time while participating in the field trip, including travel to and from the activity, except injury or damage resulting from willful negligent acts.

Name of Parent/Guardian

Parent/Guardian Signature Date