

FIELD TRIP PARENTAL PERMISSION FORM
TRIP FORM
ALEXANDER CITY BOARD OF EDUCATION

.....
School/Department _____ Date _____

To: Parent(s)/Guardian(s)/Custodian(s)

From: your Child's Teacher/Coach/Sponsor

A school activity has been planned away FROM SCHOOL. The specific information relative to the activity is listed below:

Proposed School Activity _____

Date(s) of Activity _____

Name of Person(s) in Charge _____

Trip Destination(s) _____

Departure Time _____ Expected Time of Return _____

Cost to Your Child \$ _____ (Make checks payable to the school)

Type of Transportation: School Bus _____; Commercial Carrier _____; Private vehicle; Walking _____

THIS FORM MUST BE RETURNED TO THE PERSON IN CHARGE BY _____
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THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN/CUSTODIAN

My child may _____ may not _____ participate in the above named activity.

If you approve of your child making the trip based on the information provided above, please fill in the needed information asked for below, sign your name in the space provided, and return this form by your child to the person(s) in charge. If you do not wish for your child to make the trip, sign your name in the space provided, and return this form by your child to the person(s) in charge.

In case of an emergency, my child may _____ may not _____ receive medical treatment at the nearest emergency medical treatment facility. (Any emergency medical treatment shall be at the expense of the parent/guardian/custodian.)

My child is covered by medical insurance. _____ Yes _____ No

If yes, please list the name of insurance carrier and policy number: Carrier _____

Policy # _____

Parent/Guardian/Custodian Signature

Date

Note: Children will not be permitted to go on field trips without a signed Field Trip Parental Permission Form on file for each trip or associated series of trips such as football, basketball, etc. (If a series of activities (athletic games, etc.), attach schedule of activities to this form.