Marion County School District FIELD TRIP PARENT INFORMATION AND PERMISSION

BASIC INFORMATION

School:		Date:
Teacher/certified employee:	Subject:	Date: Grade level/club:
Destination:	5	Specific location/event)Return time:
(City	State	Specific location/event)
Travel date(s):	Departure time:	Return time:
Follow-up activit(y/ies) planned:	*	, due and payable
Cost to the parent/legal guardian:	\$ for	, due and payable
by		
Meals arrangement		
Lunch or other meals will	be purchased from	Restaurant. Your child will need
\$ to cover the co	et of this meal	
Bag lunches will be provided	l for students at the same cost as	a hot lunch.
If your child has specia	l diet needs or will be by Please note: Pa	ringing his/her own lunch, please indicate here: rents/Legal guardians are responsible for providing
meals for those students with	special dietary needs I w	ill provide a bag lunch for my child.
Parental permission		
advised that such supervision by sc the district will take every precautio understand that the district assumes	hool personnel will occur only on to assure the welfare and safe no liability whatsoever in case of	
Emergency contact person:	Date	Phone: Phone:
Arrangements for student pick-up		
normal school hours, it is my resp district will not be responsible for, r I cannot pick up my child place. I hereby relieve the state of any responsibility they might have following the trip. I instruct the dis	ponsibility to provide for his/h nor provide my child transportan 1 and have asked	nd that if my child returns to the school grounds after er transportation from that point. I acknowledge the tion home from the school grounds. y School District, its agents, employees and officers of site of the above described field trip to his/her home custody of the above named person who will transport all risks of bodily injury to my child which may occur

as a result of my child's not being transported by myself or the district. If for any reason the district cannot comply with my instructions, my child will be transported back to the school grounds where I will be required to pick him/her up.

Date:_____

Signature:

Student responsibility

I am aware that as a representative of the student body, I must conduct myself so as to reflect credit upon the school at all times and I will obey all rules and regulations of this trip.

Date:_____

Student signature:_____

PLEASE COMPLETE MEDICAL INFORMATION ON BACK

MEDICAL INFORMATION

Emergency medical authorization

Should it be necessary for my child to have emergency medical treatment while participating in this trip, I hereby authorize personnel to use their judgment in obtaining emergency medical services for my child. I further authorize any individual selected by Marion County School District personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that the district has no district insurance which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs will be my sole responsibility and I hold the district and its personnel harmless for any and all accidents which may occur during this trip or be incurred by my child as a result of attendance on this trip.

Parent/Legal guardian please complete.

(Student's name)

Address

(Parent/Legal guardian)

Home/Cell phone

Business phone

Health insurance carrier and policy #

Primary physician and phone number

Additional contact/emergency numbers

_____ Check here if special instructions regarding medical treatment are on file in the school office.

Is your child required to take any medication or drug during the day?

Please list here, the medication and when taken:

Please note or comment on any allergies or special needs your child has on the line below.