

HOPKINS COUNTY SCHOOLS
PERMIT FOR CHILD TO TAKE FIELD TRIP WITH TEACHER
AND RELEASE OF CLAIM FOR DAMAGES

I, _____, parent of _____
(Name of Parent) (Name of Student)
do hereby consent that such child may accompany _____
(Name of Teacher)
and _____ on a field trip to _____
(Name of driver/parent) (Place)
on _____ and in consideration of the teacher giving
(Date)

his/her time in the arranging, supervising and driving of such trip, do hereby personally, and on behalf of such child, absolve and release the teacher, Board of Education and driver/parent from any claim for personal injuries which might be sustained by such child while on such trip, or while returning to his or her home.

(Parent or guardian)

(Date)

EMERGENCY PERMISSION FORM
(To be completed by parent/guardian)

Student Name _____ S. S. # _____

Address _____ City/State _____

Birthdate _____ Phone _____

Person to contact in case of medical emergency:

Name _____ Relationship _____

Address _____ City/State _____

Daytime Phone _____ Evening Phone _____

Please list any health problems/concerns your child may have, including allergies (medications/other) and any medications presently being used. _____

Date of last tetanus shot: _____

In the event that a medical emergency should occur and I cannot be contacted I give my permission for a school representative to arrange for ambulance service to the nearest medical facility. I also give permission for the staff of the medical facility to render treatment which is considered necessary for my child's well being.

(Parent/Guardian Signature)

(Date)

Name of Insurance Company _____

Policy Number _____