

PERMISSION TO PARTICIPATE IN FIELD TRIP TO:

RE: Student's Name: \_\_\_\_\_

Student's ID No. or Social No. : \_\_\_\_\_

This permission form has been signed only after understanding and considering the following: (Please Read Thoroughly)

DESCRIPTION: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

SUPERVISION: \_\_\_\_\_

TRANSPORTATION: Bus

REQUIREMENTS: \_\_\_\_\_

EXPECTATIONS & INSTRUCTIONS: *The student is expected and instructed by me:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION:** To the best of my knowledge my child/children has no medical condition that would prevent his/her going on this trip.

**OR**

*My child has the following specific medical problems (e.g. diabetes, epilepsy, etc., please list) and requires:*

\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE:** I understand that the Board of Education does not or may not carry any insurance relative to this trip or for injuries to the student. I represent that the student has insurance either through the Board's student insurance program or through my own insurance carrier.

I request that the above-named student be allowed to participate in the trip planned and specifically consent to his/her participation.

If any emergency medical procedures or treatment are required on the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.

I release and waive, and further agree to indemnify, hold harmless, or reimburse the Sabine Parish School Board and its Superintendent, the individual members, agents, employees, and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student or any other person, firm or corporation may have or claim to have known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip or the rendering of the emergency medical procedures or treatment, if any.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone # (H)

\_\_\_\_\_  
(W)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone # (H)

\_\_\_\_\_  
(W)

*Emergency person to contact if parent/guardian cannot be reached:*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone #

Special Notes

\_\_\_\_\_  
\_\_\_\_\_