

**Dyersburg Middle School--Field Trip Approval Form**  
(Use this form for off-campus activities)

Faculty Member in Charge \_\_\_\_\_  
Phone Number During the Trip: \_\_\_\_\_

**TRIP INFORMATION:**

Club/Organization Involved \_\_\_\_\_  
Purpose of the Trip \_\_\_\_\_  
Departure Date \_\_\_\_\_ Departure Time \_\_\_\_\_  
Return Date \_\_\_\_\_ Return Time \_\_\_\_\_  
Destination and Address \_\_\_\_\_  
Please attach a word document with the itinerary on a separate page  
(check here \_\_\_ when complete.

**STUDENT INFORMATION:** (The student names must be submitted at least one week prior)

Eligible Participants \_\_\_\_\_  
Number of Student Participants \_\_\_\_\_ Number of Chaperones \_\_\_\_\_  
Requested Chaperones \_\_\_\_\_  
List of Expenses Per Student:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
Total Cost Per Student: \_\_\_\_\_

**TRANSPORTATION INFORMATION:**

Form of Transportation \_\_\_\_\_  
If buses and/or vans are needed, see the system procedures on the website. Go to <http://dyersburg.schoolwires.net/>, then click Departments, then click Transportation Requests. There you will find the cost information, procedures for reservations and use, and a calendar to check for availability.  
**Note: You are required to complete a purchase order for bus expenses.**

**Signed Copy Distribution:**

\_\_\_\_ Copy of Form: to Kim Worley if **Out-of-State** for Board Approval  
\_\_\_\_ Copy of Form: to Trevor Yarbrough to be Added to the Activities Calendar  
\_\_\_\_ List of Students Attending: to **Qiana Johnson** for Absentee Approval

Principal Approval Signature \_\_\_\_\_  
\*\*All policies and procedures in the Field Trip Procedures Section of the Faculty Handbook must be adhered to.

Last Updated: 8/15/24

Dyersburg Middle School  
Parent Permission Agreement

Dyersburg High School is able to enhance educational opportunities of our students by offering extracurricular trips as a part of our school program. The students will be chaperoned by school personnel and will exercise reasonable supervision for your child. In return, your child will be expected to follow all directions of the chaperones and sponsors during the school trip.

We (the parents or guardians) give our permission for \_\_\_\_\_  
to \_\_\_\_\_ in \_\_\_\_\_ on \_\_\_\_\_  
(name of student)

\_\_\_\_\_: Parent/guardians **initials** to indicate itinerary was included and understood.

NOTE: INSURANCE COVERAGE IS NOT PROVIDED BY THE SCHOOL IN CASE OF ILLNESS OR ACCIDENT.

EMERGENCY TREATMENT INFORMATION

To all parents: It is required that you complete the information below so if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

Name: \_\_\_\_\_ Activity: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Another Person to Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Policy and Group Numbers: \_\_\_\_\_

Allergies: \_\_\_\_\_

\*In the case of a student discipline situation, a parent may be required to travel to the field trip location to pick up the student.

Parent's Signature: \_\_\_\_\_

Last Updated 8/16/24



## School Activities Transportation Information

Driver Name: \_\_\_\_\_ Event: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s) of travel: \_\_\_\_\_

### Vehicle Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Number of Passenger Seats/Seatbelts? \_\_\_\_\_

### Passenger Information

*(cannot exceed seat belt capacity)  
(children under the age of 9 not allowed in front seat)*

Passenger Names:

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Verified Insurance on File? Yes ☐ No ☐

Principal Approved: \_\_\_\_\_