

MORRISTOWN-HAMBLEN HIGH SCHOOL EAST
FIELD TRIP AUTHORIZATION FORM

_____ is asking your permission to attend a field
STUDENT NAME

trip/activity on _____ to _____
Date *Location*

With _____
CLASS/ORGANIZATION

Please sign below on the appropriate line. Thank you for your consideration.

This field trip form is due back no later than _____
DATE

TEACHERS

Please sign on the appropriate line below.

This student is currently passing
my class and does not have more
than 5 unexcused Absences.

1st period _____
2nd period _____
3rd period _____
4th period _____

This student is currently not passing my class
or has 5 or more unexcused absences.

1st period _____
2nd period _____
3rd period _____
4th period _____

***Permission from all four teachers must be granted in order for the student to participate
in this field trip.**

HAMBLLEN COUNTY BOARD OF EDUCATION
PARENTAL PERMISSION FOR FIELD TRIP

_____ has my permission to make an off-campus field trip
with _____
to _____
(Destination)

I understand that the purpose of the trip is _____
_____;

that students will depart _____ (Name of School, etc.)

at _____ on _____ and return at _____ on _____; that they will travel

by _____ accompanied by _____ chaperones; and that the
(vehicle) (number)

expense for each student is _____.
(Amount)

NOTE: The parent or legal guardian of a student who has been approved for waiver of fees will be given the opportunity to pay all or any portion of the field trip or activity. Please note that if 90% of the cost for the trip or activity is not collected, the school reserves the right to cancel said trip or activity.

I choose to pay for my child's field trip. Yes No

****PRECEDING INFORMATION TO BE FILLED IN BY SCHOOL PRIOR TO SIGNATURE OF PARENT****

I hereby give my permission for _____ to receive any and all necessary medical treatments deemed necessary during the field trip. I relieve the Hamblen County Board of Education of the responsibility for any expense incurred as a result of these medical treatments.

Insurance Company and Policy Number _____

Signature of Parent _____

Date _____

COMPLETED AND SIGNED FORM TO BE RETURNED TO CLASSROOM TEACHER.