

FIELD TRIP PARENTAL PERMISSION FORM
PICKENS COUNTY BOARD OF EDUCATION
CARROLLTON, ALABAMA

School/Department _____ Date _____

To: The Parents/Legal Guardians of _____

From: _____ (Teacher/ Coach/ Sponsor)

A school activity has been planned away from the normal school premises. The specific information relative to the activity is listed below.

Date of Field Trip: _____ Departure Time _____ Expected Time of Return _____

Trip Destination:

Purpose of Trip:

Cost to your child: _____ (Make checks payable to the school). No refunds can be given after tickets and transportation has been secured. However, a student may sell his/her ticket(s) to another student that is eligible to take the trip.

Method of Transportation: School System Bus ___; Commercial Carrier ___; Walking ___

In case of an emergency, my child may ___ may not ___ receive medical treatment at the nearest emergency medical treatment facility. (Any emergency medical treatment shall be at the expense of the parent or legal guardian).

Provided you approve of your child making the trip based on the information provided above, please check the appropriate space below, sign your name in the space provided, and return this form by your child to the person(s) in charge. Provided you do not wish for your child to make the trip, please check the appropriate space below and return the form unsigned to the person(s) in charge.

My child may ___ may not ___ participate in the above named activity.

My child is covered by hospitalization/medical insurance. ___ Yes ___ No

Parent/ Guardian Signature

Date

NOTE: Children will not be permitted to go on field trips without a signed Field Trip Parental Permission Form on file for each trip or associated series of trips such as football, basketball, etc.
