STATE OF ALABAMA

GENEVA COUNTY

**FIELD TRIP**

**PARENTAL PERMISSION/CONSENT FORM**

Name of Field Trip/Activity Click here to enter text.

I/We the undersigned parent or guardian of , a

 (Student’s Name)

student in the Geneva County School District attending :Click here to enter text. (School Name)

hereby give my/our permission for the above named student to go on the school sponsored activity or trip that is authorized and under the supervision of school personnel during the period:

Trip DateClick here to enter text.

Trip Departure TimeClick here to enter text.Approximate Return TimeClick here to enter text.

Point of OriginClick here to enter text.

Trip Destination Click here to enter text.

Trip TerminationClick here to enter text.

Health Insurance Company Name

Policy Number Policy Holder’s Name

I/We hereby specifically and completely, release, waive and discharge Geneva County Board of Education, its superintendent and respective staff and all employees of the said Board of Education, in liability for injuries that may be sustained by the above named child while participating in the named activity or while being transported to and from said activity.

 Date

Parent or Guardian Signature