



Three Oaks Middle School Field Trip Approval Form

Date of Trip: _____

Destination: _____

Purpose of Trip: _____

Time of Departure: _____ **Time of Return:** _____

Dyer County School System Field Trip Permission and Medical Care Authorization

My child _____ has my permission to attend the field trip listed above. In case of an emergency please contact: _____ at _____.
Emergency Contact Telephone Number

If return time is after regular school hours _____ will be responsible for picking up my child.

If school personnel are unable to contact me for my consent, I do hereby give my consent in advance for emergency medical treatment for my child. This consent includes hospital care, as may be deemed necessary by medical personnel under the then existing circumstances. I further agree to pay and acknowledge responsibility for the cost of such emergency medical and hospital care and release the Dyer County School System, collectively, and individually, from any financial obligation therefore.

Waiver of Liability for Accidents

I understand and agree that Dyer County School System shall not be held responsible or liable in the case of accidents or injuries and does not provide accident insurance coverage. I have knowledge of the fact that at the beginning of each school year, the student is offered the opportunity to buy accident school insurance coverage at a very nominal premium.

Parent's Signature

Date