

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 the purpose of the trip is _____

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

_____ on _____ and will return at _____ on _____ that they will travel by
(Time) (Date) (Time) (Date)

_____ accompanied by _____ chaperones; and that the personal expense
(Vehicle) (Number)

for each student is _____
(Amount)

*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*

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/activity.

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

Insurance Company and Policy Number _____

Signature of Parent _____

Date _____

***PRECEDING INFORMATION TO BE FILLED IN BY SCHOOL PRIOR TO SIGNATURE OF PARENT
***COMPLETED AND SIGNED FORM TO BE RETURNED TO CLASSROOM TEACHER.
DFG/IFCB
8/03 FORM 33