

FILE: JSA-F2
IFCB-F2

**CLASSROOM FIELD TRIP PARENTAL PERMISSION FORM
CHILTON COUNTY BOARD OF EDUCATION
Clanton, Alabama**

School/Department: _____ Date: _____
Trip Destination(s): _____ Date(s) of Trip: _____
Trip Sponsor(s): _____

Departure Time: _____ Expected Time of Return: _____

Cost to Your Child: \$ _____ (Make checks payable to the school)

Transportation: School Bus _____; Commercial Carrier _____; Private Vehicle _____; Walking _____
(If private vehicle, name of person driving vehicle: _____)

Special Clothing/Materials, etc.: _____
Educational Objectives of the Trip: _____

THIS FORM MUST BE RETURNED TO THE PERSON IN CHARGE BY

THIS SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN

My child, _____, may _____ may not _____ participate in the above named activity.
(Please print child's name)

If you approve of your child making the trip, please fill in the necessary information requested below, sign your name in the space provided, and return this form by your child to the person(s) in charge.

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/guardian.). My child is covered by medical insurance. _____ Yes _____ No
If yes, please list the name of insurance carrier and policy number: Carrier _____; policy no. _____

Emergency Contact Number (Where you can be reached at the time of the field trip): _____
Second Contact Name and phone number, if possible: _____

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.