

**RANDOLPH COUNTY SCHOOL SYSTEM
FIELD TRIP INFORMATION/PERMISSION FORM
GRADES K-12**

School: _____

A field trip has been planned that will serve as an enrichment experience for those students participating. The trip will serve as a preparatory/follow-up activity to enrich a regularly scheduled part of your child's instructional program. Details of the activity are as follows:

SUPERVISING TEACHERS:

1) _____
Destination (Name/Address/Phone Number)

_____ Date and Time of Departure _____ Date and Time of Return

2) _____
Destination (Name/Address/Phone Number)

_____ Date and Time of Departure _____ Date and Time of Return

3) _____
Destination (Name/Address/Phone Number)

_____ Date and Time of Departure _____ Date and Time of Return

Method of transportation: _____

Transportation cost per student: \$ _____ Other monies needed (admission, etc.): \$ _____

Arrangement for Meals: _____

The above information demonstrates the careful planning that has taken place for the scheduled field trip. All requirements of the Randolph County Board of Education have been met. **If there is an emergency need for parents to contact students during the trip, please call the school.**

_____ Principal

PARENTS: Please retain top part of this form for your reference and information. (Cut along dotted line and return the bottom of this sheet to the school.)

We hereby certify that (student's name) _____ has our permission to participate in the field trip to _____ on {date(s)} _____.

We give our permission for necessary emergency treatment to be administered in case of an accident or sickness.

Health Insurance Company: _____ Policy Number: _____

Emergency Phone: (Home) _____ (Work) _____

Parent Signature: _____ Date: _____

Adopted: 5-14-00
Revised: 3-18-02
7-18-02
11-3-15