

**STOKES COUNTY SCHOOLS
FIELD TRIP & MEDICAL TREATMENT CONSENT FORM**

I, _____, the parent/guardian of _____ (student name)
hereby give my permission for my student to attend the field trip of _____ (teacher)
_____ (grade/subject) _____ (destination) on _____ (date).

The educational justification for this trip is:

Permission to Give Medical Assistance:

Should any medical emergency arise during the above trip, I give permission to the supervising teacher(s) to seek medical assistance for my student.

Permission to Give Medications:

I give permission to the supervising staff member(s) to administer medication to my child per my instructions. I understand it is my responsibility to send any medication my child will need while on the field trip. All medications must be in the original container. I will also provide a signed Stokes County Schools Medication form for each medication along with specific instructions for administration. I understand all prescription medication must be signed by my child's physician. I also understand the school will not dispense any medication without this information.

Waiver of Liability for Field Trips

In addition, I affirm that the aforementioned student is covered by a student accident or other appropriate insurance policy; or if the aforementioned student is not so covered, I voluntarily release the Stokes County Board of Education and its employees and agents from liability for any injuries suffered by the aforementioned student during the trip described above. I understand that he/she may not be covered by any applicable insurance policy during the trip.

Parent Signature _____ date _____

This form should be completed and returned to the field trip teacher sponsor at least five (5) days before the scheduled trip.

STUDENT:

It is your responsibility to have your teachers sign this form, and then return it to the field trip sponsor. This form is due **NO LATER THAN FIVE (5) DAYS** prior to the date of the trip/activity.

If any teacher does not approved the field trip absence due to number of class absences or grade point average in the class, you _____ (student) , your parents, and your field trip sponsor understands that your absent will be unexcused for that class period.

It is also your responsibility to make sure all fees, cafeteria charges, etc., have been paid as well as to make up all missed work within the guidelines and timeframe agreed upon with your teachers.

Parent Signature _____ date _____

TEACHERS:

A student who is either failing a course or has missed more than nine (9) days of school **will NOT** be excused to participate in a field trip.

Also, teachers you reserve the right to not recommend a student who is in danger of failing or approaching his/her nine day limit for absences with no attempt to make-up missed work for any school field trip.

1st Period – Teacher approved (sign) _____ Yes ___ No

2nd Period – Teacher approved (sign) _____ Yes ___ No

3rd Period – Teacher approved (sign) _____ Yes ___ No

4th Period – Teacher approved (sign) _____ Yes ___ No