

PINELLAS COUNTY SCHOOLS
FIELD TRIP/ACTIVITIES PERMISSION FORM



School _____

I (We) hereby grant permission for _____ to participate
Student Name
in a field trip/activity to _____ on _____
Location Date
and to make authorized or emergency stops as necessary.

Students will be traveling in the following manner:

- Walking School Bus Commercial Carrier Bus Rental Vehicle (Auto, Mini Van)
 Private Passenger Vehicle with District Employee Driver Volunteer Driver Student Driver*

Time of Departure (Approximate) _____ Time of Return (Approximate) _____

- 1) I authorize school representatives to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment.
2) I understand that the trained school employee who usually dispenses medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.
3) I have documented below all precautions/instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

- 4) All provisions of the student code of conduct apply to field trips and activities. To ensure student safety and compliance with the student code, I agree that my child's luggage, belongings, and rooms (where applicable) may be randomly searched for contraband.

If the Field Trip is to a District or non-District site where students will have the opportunity to touch and hold animals, please complete the following:
Your child will have the opportunity to touch and hold captive animals during this field trip. Please check one space below to indicate your approval or denial
 YES, my child may touch and hold the animals. **NO**, my child may NOT touch and hold the animals.

* From time to time students may be allowed to drive other students to and from field trips or activities on a case-by-case basis, and only with administrative approval.
 I agree / **I do not agree** (check one) to allow my child to ride with another student.

Signature of Parent/Guardian Phone (Home) Phone (Work) Phone (Cell)

Alternate Emergency Contact Phone (Home) Phone (Work) Phone (Cell)

Date