

PINELLAS COUNTY SCHOOLS
FIELD TRIP/ACTIVITIES PERMISSION FORM



School Seminole High School - MUST HAVE SCHOOL INSURANCE

I (We) hereby grant permission for _____ to participate
Student Name
in a field trip/activity to SHS Football Field - Battle of the Classes on Oct 17, 2017
Location Date
and to make authorized or emergency stops as necessary.

Students will be traveling in the following manner:

- Walking
- School Bus
- Private Passenger Vehicle
- Rental Vehicle
- Commercial Transportation Carrier
- Other _____

(Parents of high school students are reminded that trips in private passenger vehicles sometimes involve the use of school age drivers)

Time of Departure (Approx.) AM _____ Time of Return (Approx.) PM _____

- 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.

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

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

Date