Seminole High School - MUST HAVE SCHOOL INSURANCE

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 _ Rental Vehicle

_ School Bus _ Commercial Transportation Carrier

_ Private Passenger Vehicle _ 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