## PINELLAS COUNTY SCHOOLS FIELD TRIP/ACTIVITIES PERMISSION FORM



School			<del></del>
I (We) hereby grant permission for	Student N	ame	to participate
in a field trip/activity toand to make authorized or emerge			Date
Ot ideate will be traveling in the following			
Students will be traveling in the following		Dental Valaiala (Auta Min	: \/\
Walking School Bus Private Passenger Vehicle with			
Private Passenger verticle with			
I authorize school representatives t case of serious illness or injury and	o obtain medical treatment for my		
<ol> <li>I understand that the trained scho Medications will be dispensed by a</li> </ol>		es medications may or may	not be present during this trip
I have documented below all prec conditions or allergies regarding my		child's medication. I have n	oted any special health-relate
student code, I agree that my child's	s luggage, belongings, and rooms (	where applicable) may be ran	domly searched for contraband
If the Field Trip is to a District or animals, please complete the foll		s will have the opportunity	to touch and hold
Your child will have the opportunity to indicate your approval or denial	to touch and hold captive anima	als during this field trip. Pleas	se check one space below
YES, my child may touch and l	hold the animalsNO, my c	hild may NOT touch and hol	d the animals.
* From time to time students may b basis, and only with administrativ	e allowed to drive other students e approval.	to and from field trips or act	ivities on a case-by-case
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	<del></del>	