PINELLAS COUNTY SCHOOLS
FIELD TRIP/ACTIVITIES PERMISSION FORM

School __PCS 9-12 student - Private Schools in Pinellas County_____

I (We) hereby grant permission for _____to participate
Student Name

in a field trip/activity to __Pinellas Park HS_____ on __1/29, 1/30, and 1/31____
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   X Other Students are responsible for transportation_____

Time of Departure (Approx.) __3:00pm_____   Time of Return (Approx.) 8:30pm_____

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 the 4th grade Environmental Education Program, please complete the following:
Your child will have the opportunity to touch and hold captive animals in the environmental classroom during this field trip. You must check the appropriate space below in order for your child to touch and hold captive animals.

___ **YES**, my child may touch and hold the animals.   ___ **NO**, my child may **NOT** touch and hold the animals.

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

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

_____
Date