

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: **Transportation is not provided by the school.**

☐ 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