

# Shelby County Schools

## PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP

Student Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

General Information	
The _____	
is planning a trip to _____	
The purpose of this trip is _____	
Trip Destination _____	Phone No.(_____) _____
Address _____	Place of Lodging _____
We will leave from _____ about (time) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
on (date) _____ We will return to the school on (day) _____ (date) _____	
at about (time) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Itinerary is attached <input type="checkbox"/> List of items needed is attached	
<b>Attending:</b> number of students _____ minimum number of adults/chaperones _____	

Type of Transportation		
<input type="checkbox"/> District Vehicle	<input type="checkbox"/> Commercial Transportation	<input type="checkbox"/> District Bus
<input type="checkbox"/> Other (explain) _____		

Medical Information	
The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)	
_____	
_____	
The following medications, prescriptions or special diets are needed: _____	
_____	

Medical Release	
In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.	
Does your child have Medical Insurance coverage? <input type="checkbox"/> yes <input type="checkbox"/> no	
It is recommended that all students have medical or student accident insurance.	
<input type="checkbox"/> Student accident insurance is available through _____ . Contact the school office for details.	
Name of Preferred Doctor _____	Phone No.(_____) _____
Name of Insurance Carrier _____	Policy No. _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. If you have questions or concerns about this activity, please contact \_\_\_\_\_.

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks, I hereby give consent for (student) \_\_\_\_\_ to participate in the activity.

Parent/Guardian Name _____	Day Phone (_____) _____
Home Address _____	Evening Phone (_____) _____
Emergency Contact _____	Emergency Phone (_____) _____
Signature of Parent/Guardian _____	Date _____

***Parent/Guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to school before the student is involved in the activity.***