

**ROANOKE CITY PUBLIC SCHOOLS
FIELD TRIP PERMISSION FORM FOR PARENTS/GUARDIANS**

School _____ Date _____

Class or Group: _____

Destination: _____

Departure: Time: _____ Date: _____
Return: Time: _____ Date: _____

Type of Transportation: _____

Total Charges/Student: _____

Type of Supervision: Members of School staff: _____

This activity will provide an excellent educational experience for students. In order for your child to participate, your permission and release from liability are required. Please complete this form (front and back) and return it to the school along with the appropriate fee by _____. If you have questions concerning this activity, please call the school. (date)

I acknowledge and understand that the Roanoke City School Board is protected by immunity under Virginia law and that its teachers are not liable for any civil damages for any acts or omissions taken in good faith in the course of supervision, care or discipline of students during the activity referenced in this permission form, unless such acts or omissions result from gross negligence or willful misconduct.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed dentist, physician and/or surgeon as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the parent/guardian and not the School Board.

It is important that all families understand that should conditions in our country at the time of the trip be such that the school administration believes the trip to be an unsafe destination, the trip will be cancelled. While this would indeed be unfortunate for all involved, we must make safety our first priority. Should this occur, the money paid for the trip will not be refunded. Most of the cost associated with the trip must be paid in advance. Therefore, the school will not have the money to refund. Although the school will make every effort to recoup money spent, a refund is highly unlikely.

Please complete the following:

_____ (child's name) has my permission to go on the field trip to _____ on _____.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

**ROANOKE CITY PUBLIC SCHOOLS
FIELD TRIP PERMISSION FORM
HEALTH INFORMATION**

(Please print all information)

Name _____ I.D. # _____

Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____ Telephone No. _____

Names of custodial parents/legal guardians _____

Parent/Guardian work phone number _____ Cell/Beeper No. _____

Parent/Guardian work phone number _____ Cell/Beeper No. _____

Alternate contact name and phone number if parents/guardians **cannot** be reached

List any medical conditions/allergies, dietary restrictions, etc. of which school staff should be aware:

Please list any medication that your child is currently taking.

Any medication that is to be administered on a field trip must follow Roanoke City Public Schools medication policy. If your child needs medication while on a field trip, you must contact your child's school for further instructions.

Last tetanus shot: _____

Insurance Yes No If yes, company name and policy No.: _____

School Insurance: Yes No

PARENT PERMISSION

I give permission and will accept financial responsibility for my child to receive medications, and/or health procedures, and emergency medical care as needed.

Field trip destination: _____

Date(s): _____

Parent Signature: _____ Date: _____