



Parent Permission Form for Field Trips

My son/daughter _____, has my permission to go on the field trip listed below.
 Student Name

Date of the trip: _____ Field Trip Destination: _____

Grade Level/Class attending the trip: _____ Special Instructions: _____

Departure time: _____ Return time: _____ Cost of trip: \$_____/child

Payment: Online: ___ Cash: ___ Check payable to: _____ Other: _____

Financial assistance needed for trip? ___ Yes ___ No ▪ Interested in providing a scholarship? ___ Yes ___ No

*Listed below are any medical conditions, including allergies, that teachers, chaperones, and other personnel need to be aware of as well as any medications that are to be/may have to be administered on the field trip. Please note that **the only medications that will be sent from the school health room are medications needed to carry out a student's Emergency Care Plan.** Any other medications needed on the field trip **MUST** be provided by the parent in the original container. **In accordance to the FMSD policy, a medication consent form must be completed for each medication listed below.**

CONDITION(S)	MEDICATION(S)	DOSE(S)	TIME(S) TO BE GIVEN

(Please add additional information to the back of this form)

I understand that if my son/daughter becomes ill or is injured during this trip, the District personnel and/or chaperones will attempt to contact me or the emergency contact I have provided below:

Parent/Guardian Name: _____ Home #: _____

Mother Alternate #: _____ Father Alternate #: _____

Alternate Emergency Contact Name: _____ Alternate Contact #: _____

Additional Contact Name(s) and #: _____

If nobody can be reached with the contact numbers listed above, I understand and agree that my son/daughter may be taken to a medical facility for medical evaluation and/or treatment and I agree that I will be solely responsible for any and all costs incurred as a result:

Family Physician/Pediatrician: _____ Phone #: _____

Child's chart/file # (if known): _____ Insurance Carrier: _____

Policy Holder's Name: _____ Insurance ID #: _____

I understand that I may not hold the school, school district, or school personnel liable for any adverse reaction when the medication is administered in the prescribed manner. I hereby authorize school employees, chaperones and other personnel to assist with the appropriate medications needed by my child as stated above.

I further agree to indemnify and hold harmless the Fort Mill School District, the Board of Trustees, employees and any chaperones for any injury/illness that occurs to my child which is not a result of action or inaction by the listed representatives.

 Signature of Parent/Guardian

 Date

*** PLEASE NOTE - Money collected for field trips may not be refundable. Money collected for buses is not refundable. Money will only be refunded if the field trip has not been prepaid.**