

PINELLAS COUNTY SCHOOLS
FIELD TRIP/ACTIVITIES PERMISSION FORM

School _____

I (We) hereby grant permission for _____	Student Name	to participate
in a field trip/activity to _____	Location	on _____
Date		
and to make authorized or emergency stops as necessary.		

Students will be traveling in the following manner:

- 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.

<p>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:</p> <p>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</p> <p><input type="checkbox"/> YES, my child may touch and hold the animals. <input type="checkbox"/> NO, my child may NOT touch and hold the animals.</p>
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<p>* 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.</p> <p><input type="checkbox"/> I agree / <input type="checkbox"/> I do not agree (check one) to allow my child to ride with another student.</p>
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Signature of Parent/Guardian _____ Phone (Home) _____ Phone (Work) _____ Phone (Cell)

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

Date