

FORM 2

**SPARTANBURG COUNTY SCHOOL DISTRICT TWO
FIELD TRIP OR EXTRACURRICULAR PERMISSION SLIP**

Student's name _____

School _____

Description and purpose of trip: _____ Date/Time of departure: _____

_____ Date/Time of return: _____

Places to be visited: _____ Cost per student: _____

_____ Mode of transportation: _____

Supervision provided by: _____

I give permission for my child to participate in this field trip and I understand that he/she will be chaperoned by school personnel and/or other adult volunteers. I also understand that my child must abide by school rules and procedures.

Additionally, if I cannot be reached, I understand and agree that my son/daughter may be taken for medical assistance, and I agree that I will be solely responsible for any and all costs incurred as a result. I further agree to indemnify and hold harmless the district, its board of trustees and its employees for any injury or loss that occurs to my child which is not the result of gross negligence by the district or its authorized representatives.

Signature of parent/legal guardian

Date