



## FIELD TRIP PERMISSION/RELEASE FORM

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip, complete the information in this form. Return the completed *Field Trip Permission* to the teacher named below along with payment\* (if there is a charge). If this form is not returned, your child will not be permitted to attend. This form should be signed by both of the child's parents/guardians if feasible, if not at least one parent/guardian must sign.

### SECTION I - TRIP INFORMATION (to be completed by teacher/school)

DESTINATION	<input type="text"/>						
TEACHER	<input type="text"/>	GRADE	<input type="text"/>	TRIP DURATION	<input type="text"/>	Cost per student*	<input type="text"/>
DATE OF TRIP	<input type="text"/>	DEPARTURE TIME	<input type="text"/>	RETURN DATE	<input type="text"/>	RETURN TIME	<input type="text"/>
METHOD OF TRAVEL	<input type="text"/>				Number of Chaperones	<input type="text"/>	
PURPOSE OF TRIP	<input type="text"/>						
SPECIFIC DETAILS/SUPERVISOR DESCRIPTION	<input type="text"/>						

Attach any additional pages, if needed, including relevant provisions in the student's IEP or 504 plan.

\* No penalty of any type will be imposed against the student based upon an inability to pay for the field trip. No student shall be denied the right to participate for inability to pay. The principal may forgo a planned activity or use of a particular item upon the collection of insufficient funds to cover the cost of the item or activity. This request is for voluntary payment.

\*\* Each person transporting students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by Florida Statute 627.736 and be a DCPS approved School Volunteer.

### SECTION II -- PARENT/LEGAL GUARDIAN APPROVAL

Student Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>
Home Phone	<input type="text"/>	Parent Cell Phone	<input type="text"/>		
Physician Name	<input type="text"/>		Physician Phone	<input type="text"/>	
Other Relevant Student Information: (allergies, medication, trip concerns, etc. -- Be Specific)	<input type="text"/>				

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards, and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. I understand that the school, its board of directors and the county school board's liability may be limited based on Florida Statutes. The school is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful or intentional act of my child and as a result will indemnify and hold harmless the School and its affiliates for all costs, damages and attorney's fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Parent/Guardian Signature	<input type="text"/>	Date	<input type="text"/>
Parent/Guardian Signature	<input type="text"/>	Date	<input type="text"/>