



PERMISSION SLIP FOR IN-COUNTY EDUCATIONAL EXCURSION

DATE: ____/____/____

Dear Parent/s or Guardian:

On ____/____/____ our class will be taking a field trip to _____

_____. We plan to leave school at approximately _____ and return to school at approximately _____. We would like your child to accompany us on this trip.

Please sign the permission slip below and return it no later than ____/____/_____.

Lunch: will be provided. will not be provided.

Chaperones: are needed. are not needed.

Teacher Signature

PLEASE SIGN AND RETURN THE PERMISSION FORM BELOW

HOME PERMISSION FOR IN-COUNTY EDUCATIONAL EXCURSION

Dear _____ (Teacher's Name),

_____ (Child's Name) has my permission to go to

_____ with his/her class on _____. I understand that all reasonable precautions have been and will be taken for the safety of my child. I further agree to hold harmless the Board of School Commissioners of Mobile County, its agents, servants, and employees against any and all liability, loss, damages, costs or expenses which the above named child or I may sustain or incur as a result of any act or inaction of any agents, servants, or employees of the Mobile County School Board.

_____ I would like to attend as a chaperone.
Parent or Guardian Signature

CHECK ONE:

- I would like for the school to provide my child with a bag lunch at the cost of his regular daily lunch.
- I choose to provide a bag lunch for my child.



C-107, Rev. 2007

MOBILE COUNTY PUBLIC SCHOOLS

EDUCATIONAL EXCURSION AND BUS AUTHORIZATION FORM

Overnight and out of county field trips must be approved by the *Assistant Superintendent of Curriculum and Instruction*.

School:		Date of Excursion:	
Destination:		Grade/s:	Subject/s:
Time of:	Departure:	Return:	
Number of Participants:	Students:	Chaperones:	School Staff:
Mode of Transportation:	<input type="checkbox"/> County Bus	<input type="checkbox"/> Private Bus	<input type="checkbox"/> Car
Cost of:	Transportation per participant:	Admission per pupil:	Admission per adult:
Total Charged:	Per pupil:	Per adult:	Total Cost of Excursion:
Participating Teachers:			
Signature of Principal:		Date:	
Signature of Assistant Superintendent: (If overnight or out of county)			

BUS DRIVER REPORT

School Bus #:	Driver:
Start Time:	End Time:
Total Time:	Total Miles (Round Trip):
Amount due: \$	Amount paid: \$
Signature of Driver:	
Signature of Principal:	
Note: A copy of this form must be attached to the payroll for each MCPSS bus.	



EXTENDED/OVERNIGHT EXCURSION

DATE: ____/____/____

Dear Parent/s or Guardian:

On ____/____/____ our class will be taking a field trip to_____
_____. We plan to leave on ____/____/____ and
return on ____/____/____. We would like your child to have the opportunity to have this learning
experience. Please sign the permission form attached and complete the Emergency and Health Information
Form for Field Trips no later than ____/____/____. (Itinerary to be included)

PLEASE SIGN AND RETURN THE PERMISSION FORM BELOW

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HOME PERMISSION FOR EXTENDED/OVERNIGHT FIELD TRIPS

Dear _____ (Teacher's Name):

_____ (Student's Name) has my permission
to go to _____ with his/her class on
_____/_____/_____. I understand that all reasonable precautions have been and will be taken for the
safety of my child. I further agree to hold harmless the Board of School Commissioners of Mobile County, its agents,
servants and employees against any and all liability, loss, damages, costs, or expenses which the above-named child or
I may sustain or incur as a result of any act or inaction of any agents, servants, or employees of the Mobile County
School Board.

Parent or Guardian Signature



MOBILE COUNTY PUBLIC SCHOOLS

EMERGENCY AND HEALTH INFORMATION FOR EXTENDED/OVERNIGHT FIELD TRIPS

Student's Name:		Telephone #:	
Date of Birth:		Home Address:	
Father's Name:		Contact Phone # :	
Mother's Name:		Contact Phone # :	
Legal Guardian's Name:		Contact Phone # :	
Name of emergency contact in case of emergency if parent cannot be reached:			
Emergency Contact Address:		Phone #:	
Family Doctor:	Address:	Phone #:	
Health Insurance:		Company:	
Policy # :		Company Phone # :	
Unusual Health Conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the following: <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> Convulsive Seizures <input type="checkbox"/> Other _____ Allergies: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name kind: _____			
Any other health related issues:			
If emergency treatment is required and parent cannot be reached, what does the parent want the school to do? (Please indicate by circling either YES or NO)			
1. Contact closest medical facility?	YES	NO	
2. Contact a physician from local referral agency?	YES	NO	
3. Take child to nearest hospital?	YES	NO	
4. Other suggestions:	_____		
I hereby authorize emergency medical treatment for my child: _____ (Child's Name)			
Signature of Parent or Legal Guardian: _____ Date: ____/____/____			

**NOTIFICATION OF NON-SCHOOL SPONSORED EXCURSION****MEMO TO: Parents and/or Legal Guardian of:** _____**FROM:** _____**RE: Field Trip to:** _____**DATE:** _____ / _____ / _____

This is to remind you that the field trip to _____ which is being planned for _____ / _____ / _____ is NOT sponsored by the Mobile County School Board. This letter is sent to make certain that as parents or guardians of a child who will be participating in the excursion you clearly understand the trip is not in any manner sponsored or endorsed by the Mobile County School System. Neither the School Board nor any of its employees take responsibility for the trip. Should you have any questions regarding this information, please contact me immediately.

PLEASE COMPLETE AND RETURN THE FORM BELOW
.....**HOME ACKNOWLEDGEMNT OF NON-SCHOOL SPONSORED EXCURSION**

This is to verify that I have been advised by _____ that the trip to _____ which has been planned for _____ / _____ / _____ is not in any manner sponsored or endorsed by the Mobile County School Board nor any school nor any agent, servant, or employee of the Mobile County School Board, acting in that capacity. I understand that neither the School Board nor any of its agents, servants, or employees assumes any responsibility for the trip.

Parent or Legal Guardian Signature: _____

Parent or Legal Guardian Name (Please Print) _____

Address: _____

Participating Student's Name (Please Print) _____



C-103, Rev. 2007

PERMISSION TO RIDE IN AUTOMOBILE

DATE: _____

This is to certify that my child, _____, has my permission to ride in the automobile of _____ to and from _____ on _____ / _____ / _____ for a field trip with the _____. (School organization)

I understand that all reasonable precautions have and will be taken for the safety of my child. I further agree to hold harmless the Board of School Commissioners of Mobile County, its agents, servants, and employees against any and all liability, loss, damages, costs, or expenses which the above named child or I may sustain or incur as a result of any acts or inactions of any agents, servants, or employees of the Mobile County School Board.

Parent or Guardian Signature_____
Date



MOBILE COUNTY PUBLIC SCHOOLS EMPLOYEE AUTHORIZATION FOR PRIVATE VEHICLE TRANSPORTATION

This to verify that I, _____, hereby authorize
Principal/School Administrator

_____ on behalf of _____ School to
Employee

transport students who will be traveling in his/her private vehicle on ____/____/____ to
Date

_____. The purpose of the trip is to
Destination

The students will depart at approximately _____ and will return at approximately
Time

Time

Names of students authorized to be transported on behalf of the School System on the above-reference date.

Student Name

Student Name

Student Name

Student Name

Student Name

Student Name

Student Name

Student Name

School Administrator Signature

Date



**County of Mobile
State of Alabama**

**MOBILE COUNTY PUBLIC SCHOOLS
EDUCATIONAL EXCURSION VOLUNTEER AUTHORIZATION**

This is to verify that I _____ hereby authorize each of the persons listed
Principal/School Administrator

below to act on behalf of _____ School as a volunteer

to chaperone students who will be traveling on or about ____ / ____ / ____
Date

to _____
Destination

The purpose of this trip is _____

The students will depart at approximately _____ and will return at approximately _____
Time Time

The students will be traveling by _____
Method of Transportation

Names of adults authorized to act on behalf of the School System in the chaperoning of students on the
above-referenced trip/excursion:

NAME	ADDRESS	PHONE NUMBER

Done this the _____ day of _____ 20____.

Witness

School Administrator

Date

Date