

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

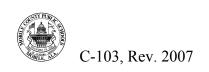
Overnight and out of county field trips must be approved by the Assistant Superintendent of Curriculum and Instruction.

School:	Date of Excursion:			
Destination:	Grade/s:	Subject/s:		
Time of: Departure:	Return:			
Number of Participants: Students:	Chaperones:	School Staff:		
Mode of Transportation: ☐County Bus	☐ Private Bus	□Car		
Cost of: Transportation per participant:	Admission per pupil:	Admission per adult:		
Total Charged: Per pupil: Per ad	dult: Total Co	st of Excursion:		
Participating Teachers:				
Signature of Principal:	Date:			
Signature of Assistant Superintendent: (If overnight or out of county)				
BUS DRIVER REPORT				
School Bus #:	Priver:			
Start Time: E	tart Time: End Time:			
Total Time:	otal Miles (Round Trip):			
Amount due: \$	amount paid: \$			
Signature of Driver:				
Signature of Principal:				
Note: A copy of this form must be attached to the pa	ayroll for each MCPSS bus.			



EXTENDED/OVERNIGHT EXCURSION

DATE://	_
Dear Parent/s or Guardian:	
On/ our cl	ass 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 permissi	ion form attached and complete the Emergency and Health Information
Form for Field Trips no later than _	
	GN AND RETURN THE PERMISSION FORM BELOW
Dear(T	
	(Student's Name) has my permission
to go to	with his/her class on
I1	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 a	any act or inaction of any agents, servants, or employees of the Mobile County
School Board.	
Parent or Guardian S	ignature



MOBILE COUNTY PUBLIC SCHOOLS

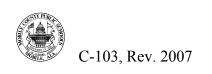
EMERGENCY AND HEALTH INFORMATION FOR EXTENDED/OVERNIGHT FIELD TRIPS

Student's Name:	Telephone #:			
Date of Birth: Home	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	cy if parent canno	t be reached:		
Emergency Contact Address:	Phone #:			
Family Doctor: Add	dress:		Phone #:	
Health Insurance:	Compa	ny:		
Policy #:	Compa	ny Phone # :		
Unusual Health Conditions? ☐ YES ☐	NO If yes, compl	ete the following:		
☐ Diabetes ☐ Heart Condition ☐ Convu	Ilsive Seizures	Other		
Allergies: YES NO If yes	s, name kind:			
If emergency treatment is required and parent	cannot be reached		ent want the so	chool to do?
1. Contact closest medical facility?	YES	NO		
2. Contact a physician from local referral ag	gency? YES	NO		
3. Take child to nearest hospital?	YES	NO		
4. Other suggestions:				
I hereby authorize emergency medical treatment	nt for my child: _			(Child's Name)
Signature of Parent or Legal Guardian:		I	Date:/_	/



NOTIFICATION OF NON-SCHOOL SPONSORED EXCURSION

MEMO TO:	Parents and/or Legal Guardian of:				
FROM:					
RE:	Field Trip to:				
DATE:					
This is to rem	nind you that the field trip to			whi	ch is being
planned for _	/is NOT sponsored by th	ne Mobile	County	y School	Board. This
you clearly un System. Neit	no make certain that as parents or guardians of a child anderstand the trip is not in any manner sponsored or eather the School Board nor any of its employees take respectively. PLEASE COMPLETE AND RETURN TI	endorsed lesponsibidiately.	by the M	Mobile C the trip.	County School
•••••					•••••
HOME .	ACKNOWLEDGEMNT OF NON-SCHOO)L SPO	NSOF	RED EX	XCURSION
This is to veri	ify that I have been advised by				that the trip to
	which has been planned				
	sored or endorsed by the Mobile County School Boar				
employee of t	the Mobile County School Board, acting in that capac	city. I un	derstand	d that ne	ither the School
Board nor any	y of its agents, servants, or employees assumes any re	esponsibil	ity for 1	the trip.	
Parent or Leg	gal Guardian Signature:				
Parent or Leg	gal Guardian Name (Please Print)				
Address:					
	Student's Name (Please Print)				



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)
to hold harmless the Board of School Commission against any and all liability, loss, damages, costs,	and will be taken for the safety of my child. I further agree ners of Mobile County, its agents, servants, and employees or expenses which the above named child or I may sustain agents, servants, or employees of the Mobile County
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	, hereby authorize
	on behalf of	School to
Employee		
ransport students who will be travel	ling in his/her private vehicle on	/
	·	The purpose of the trip is to
Destination		
The students will depart at approxim	nately and	will return at approximately
 Time		
Names of students authorized to be	transported on behalf of the Scho	ool System on the above-refere
Student Name		Student Name
Student Name		Student Name
Student Name		Student Name
Student Name		Student Name
Student Name		Student Name
School Administrator Signature		
Date		



MOBILE COUNTY PUBLIC SCHOOLS EDUCATIONAL EXCURSION VOLUNTEER AUTHORIZATION

Principal/So	chool Administrator hereby authoriz	ze each of the persons listed
to chaperone students who will be trav	eling on or about//	
to	estination	·
	estination	
The students will depart at approximat	ely and will return at ap	proximately
The students will be traveling by	Method of Transportation	·
Names of adults authorized to act on b above-referenced trip/excursion:	ehalf of the School System in the chape	eroning of students on the
NAME	ADDRESS	PHONE NUMBER
Done this the day	of20	<u>-</u>
Witness	School Ac	lministrator
Date	Date	