

WAKE COUNTY PUBLIC SCHOOL SYSTEM

PARENTAL CONSENT AND EMERGENCY INFORMATION FOR SCHOOL TRIPS

THIS CONSENT FORM IS TO BE SIGNED ONLY AFTER UNDERSTANDING AND AGREEING TO THE INFORMATION BELOW. IF THIS FORM IS NOT COMPLETED AND RETURNED PRIOR TO THE SCHOOL TRIP, THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL IN A SUPERVISED ACTIVITY.

Trip or Activity Planned: Kanki, Shaba Shabu, Flame Kabob, Bu Ku, International Festival and two movie/cupcake nights

Purpose of Trip or Activity: to experience different ethnic foods, movies and events.

Name of Teacher/Sponsor School: Ms. Cronin/Mr. Dixon

Method of Transportation: Each student will provide their own transportation

Changes/Cancellations

I understand school trips may be cancelled when necessary by the principal, superintendent, or board of education. The school system cannot guarantee reimbursement when such cancellations occur. Parents/guardians will be notified of any significant change in plans prior to the school trip.

Expectations and Instructions

I understand the following is expected of the student:

- To follow instructions given by the teacher/chaperone.
- Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
- Comply with all school and district policies and rules of conduct.
- In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to school disciplinary consequences.

Insurance Coverage

I represent that the student has insurance either through the school system's student insurance program or through my own insurance carrier.

I REQUEST THAT THE BELOW-NAMED STUDENT BE ALLOWED TO PARTICIPATE IN THE TRIP PLANNED AND SPECIFICALLY CONSENT TO THE STUDENT'S PARTICIPATION.

Name of Student _____

Parent/Guardian Signature _____ Date _____

Student Signature (Grades 6-12) _____ Date _____

Parent/Legal Guardian Medical Emergency Authorization

In the event of a medical emergency while my child is participating in a school trip, I authorize Wake County Public School System officials to release the following information to the healthcare provider. I understand school officials will use the contact information provided below to contact me in the event of such emergency. If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) arranging for and consenting to the procedures or treatment in the supervisor's discretion. I will pay the costs of any such medical procedures or treatment.

Parent/Legal Guardian Signature _____ Date _____

Emergency Contact Information

1st Choice 2nd Choice

Name: _____

Phone: _____

(Day) _____ (Night) _____ (Mobile) _____ (Mobile) _____

Emergency Medical Information (Please complete as applicable.)

Family Physician: _____ Phone Number: _____

My child is allergic to: _____

Medication taken routinely: _____

Special health needs: _____

Name of insurance company: _____ Policy #: _____

This form must be kept with school officials at all times during the school trip.