

GILES COUNTY PUBLIC SCHOOLS
Activity/Field Trip Permission and Information Form

Activity/Field Trip Information	Schedule
Activity:	
Place:	
Date(s):	
Transportation:	
Teacher/Sponsor:	

Student Name _____

School Year _____ Grade _____ Birth Date _____

Parent/Guardian _____

Home Phone _____ Cell/Work Phone _____

Medical Insurance Co. _____

Family Physician _____ Phone _____

Emergency Contact Name _____ Phone _____
(Other than parent/guardian):

Important Medical Information (allergies, current medications, etc.):

I give permission for the student named above to participate in the activity/field trip(s) listed. In case of an accident or serious illness, if neither my emergency contact nor I can be reached, you have my permission to transport my child(ren) to any emergency medical facility and to administer emergency treatment. We understand that while on this field trip, all policies, rules, and regulations relating to student conduct apply. This includes policy JFG regarding search and seizure.

Parent/Guardian Signature

Date