# EDUCATIONAL EXCURSION PERMISSION FORM (IN-COUNTY / OUT-OF-COUNTY TRIPS)

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 a	approximately We would like your child to accompany us on this
trip. Please s	sign the permission slip below and return it no later than/
Lunch:	will be provided. will not be provided.
<b>Chaperones:</b>	are needed. are not needed.
Т	Feacher Signature
	PLEASE SIGN AND RETURN THE PERMISSION FORM BELOW
	EDUCATIONAL EXCURSION HOME PERMISSION FORM
Dear	(Teacher's Name),
	(Child's Name) has my permission to go to
	with his/her class on I
understand th	nat all reasonable precautions have been and will be taken for the safety of my child.
I further agre	e to hold harmless the Board of School Commissioners of Mobile County, its
agents, servai	nts, and employees against any and all liability, loss, damages, costs or expenses
which the abo	ove named child or I may sustain or incur as a result of any act or inaction of any
agents, servai	nts, or employees of the Mobile County School Board.
Pare	I would like to attend as a chaperone.
1 arc	on Guardian Signature
CHECK ONI	E:
I would lik	ke for the school to provide my child with a bag lunch at the cost of his regular daily lunch.
I choose t	to provide a bag lunch for my child.

## EXTENDED/OVERNIGHT EXCURSION PERMISSION FORM

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 experience this learni	ng
opportunity.		
Please sign the permission fo	orm attached no later than/	
A trip itinerary is included	I <b>.</b>	
PLEASE SIGN	N AND RETURN THE PERMISSION FORM BELOW	
EXTENDED/OVER	NIGHT EXCURSION HOME PERMISSION FO	ORM
Dear	(Teacher's Name):	
	(Student's Name) has	my
permission to go to	W. W	vith
his/her class on/	I understand that all reasonable precau	ıtions
have been and will be taken t	for the safety of my child. I further agree to hold harmless the	he
Board of School Commission	oners of Mobile County, its agents, servants, and employees a	ngainst
any and all liability, loss, dar	mages, costs, or expenses which the above-named child or I	may
sustain or incur as a result of	f any act or inaction of any agents, servants, or employees of	the
Mobile County School Board	d.	
Parent or Guardia	ian Signature	

#### **Overnight Excursion Procedures**

## I. Important documents that must be completed by the school and submitted to Central Office before participating in an overnight excursion:

Request(s) for overnight excursions will be forwarded to the **Assistant Superintendent of Curriculum** and **Instruction**. Overnight field trips must be approved by the Assistant Superintendent of Curriculum and Instruction at least four (4) weeks prior to the date of the field trip. The following information needs to be forwarded to the Assistant Superintendent of Curriculum and Instruction:

- Educational Excursion and Bus Authorization Form
- Alabama Course of Study Standards covered by trip
- Itinerary for the entire trip
- Emergency contact numbers (teacher/administrator cell phone numbers)

Note: Educational trips must require transportation by bus only. The Mobile County Public School System does not have insurance for vehicles that are not system owned; therefore, the use of private vehicles is PROHIBITED. Activity buses have been purchased by the MCPSS to transport small groups of children to special events and contests. Schools can contact the Office of Transportation for an activity bus driver. The cost per mile will be determined by the State Department of Education Pupil Transportation Division.

## II. Important documents that must be completed by the school and parents before students can participate in an overnight excursion:

- Permission Slip for Extended/Overnight Excursion
- Emergency and Health Information Form or copy of Student Health Card

#### III. Other vital information the school must have on file for overnight excursions:

- A copy of the letter or contract from the bus company transporting the students or chaperones to and from
  - the trip destination (letter must include cost of trip and terms of agreement)
- A copy of the letter from the organization hosting the event outlining the terms and costs of trip for each student and chaperone
- A copy of the letter from the vendor estimating the cost of meals, if meals are not included in trip package
- Copies of the signed Permission Forms for Extended/Overnight Excursion
- Copies of the completed Emergency and Health Information Forms or copies of Student Health Cards

#### Principals' Responsibilities

The principal is responsible for the approval of field trips, including transportation arrangements and supervisory personnel involved in educational excursions. The principal also is responsible for ensuring to the degree possible the safety and well being of students; therefore, all students are expected to be full participants in all educational excursions. This includes utilizing transportation provided/approved by the school, the supervision by teachers and approved chaperones, and visits to only those places identified on the permission form. Any deviation from this procedure will require prior notification/approval from the principal.

### EDUCATIONAL EXCURSION AND BUS AUTHORIZATION FORM

Out-of-county and overnight field trips must be approved by the Assistant Superintendent of Curriculum and Instruction <u>at least four (4) weeks prior to the trip</u>.

	Date of Excursion:	School:			
	Trip Destination:				
	Grade Level(s):				
	Departure Time:				
	Mode of Transportation: MCPSS Bus				
	Private Bus Company	(name)			
	Number of Students: Number of Teach	ners: Number of Chaperones	;		
	Cost of Transportation per Participant: \$				
	Cost of Admission per Student: \$ Cost of Admission per Adult: \$				
	Cost of Meal(s) per Participant (if applicable): \$				
	Total Cost of Excursion (transportation, admission, and meal(s) combined): \$				
Pr	Principal Signature Date				
	sistant Superintendent Signature				
	BUS DRIVER I				
	Driver:	School Bus Number:			
	Start Time:	End Time:			
	Total Time:	Total Miles (round trip):			
	Amount Due: \$	Amount Paid: \$			
	Driver Signature	Date	_		
	Employee #				
	Principal Signature	Date			
	Note: A copy of this form must be attached to the payroll for each MCPSS bus.				

## EMERGENCY AND HEALTH INFORMATION FORM

Student's Name:	Telephone #:			
Date of Birth: Home Add	ress:			
Father's Name:	Contact Phone #:			
Mother's Name:	Contact Phone #:			
Legal Guardian's Name:	Contact Phone #:			
Name of contact in case of emergency, if parent of	cannot be reached:			
Emergency Contact Address: Phone #:				
Family Doctor: Address:	ss: Phone #:			
Health Insurance:	Company:			
Policy #:	Company Phone #:			
Unusual Health Conditions? ☐ YES ☐ N	O If yes, complete the following:			
☐ Diabetes ☐ Heart ☐ Convulsive ☐ Other Seizures ☐ If yes, name				
Allergies				
Any other health related issues:				
If emergency treatment is required and parent ca	annot 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 FORM

MEMO TO:	Parents and/or Legal Guardian of:
FROM:	
RE:	Field Trip to:
DATE:	
This is to remin	nd you that the field trip to which is
being planned	for/is NOT sponsored by the Mobile County School
Board. This le	tter 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	e Mobile County School System. Neither the School Board nor any of its
employees take	e responsibility for the trip. Should you have any questions regarding this
information, pl	ease contact me immediately.
• • • • • • • • • • • • • • • • • • • •	PLEASE COMPLETE AND RETURN THE FORM BELOW
HOME	E ACKNOWLEDGEMNT OF NON-SCHOOL SPONSORED EXCURSION
This is to verif	y 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 1	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 em	aployees assumes any responsibility for the trip.
Parent or Lega	l Guardian Signature:
Parent or Lega	l Guardian Name (Please Print):
Address:	
Participating S	tudent Name (Please Print):

## EDUCATIONAL EXCURSION VOLUNTEER AUTHORIZATION FORM

This is to verify that IPrincipal/S	hereby authorize each of the persons listed		
below to act on behalf of			
to chaperone students who will be trav	/ to	ose of this trip is	
The students will depart at approximat	ely and	will return at appr	roximately  Time
The students will be traveling by	Mode of Trans	portation	·
List below the names, addresses, and p school system in chaperoning students			act on behalf of the
NAME	ADD	RESS	PHONE NUMBER
Done this the day	of	20	
Principal Signature	Date		
Witness Signature	Date		