



The School District of Lee County
FIELD TRIP PARENT PERMISSION FORM



Student's Name:	School:
Date(s) of Field Trip:	Teacher/Sponsor:
Destination of Field Trip:	
Departure Time:	Return Time:
Purpose of Field Trip:	
<input type="checkbox"/> During this field trip students will be exposed to the sun. Parents/guardians should insure that sunscreen is applied before students leave home.	
<ul style="list-style-type: none"> ➤ School Rules—All school rules apply while students are on a field trip. Should your child choose to break a rule, you may be contacted to pick him/her up immediately. All field trips shall be tobacco and alcohol/drug free. ➤ Homework/Classwork—Students are responsible for requesting any homework and/or classroom assignments they miss while on a field trip and for making up/completing that work. ➤ Appropriate Dress—Students and chaperones are expected to dress according to the type of field trip planned. Appropriate dress for this trip is: 	
READ AND SIGN THE NOTICE TO PARENTS/GUARDIANS ON THE BACK OF THIS SHEET AND RETURN TO YOUR CHILD'S TEACHER/SPONSOR BY: _____	
Special Needs (check one): <input type="checkbox"/> My child has a medical condition and/or medication of which the school should be aware, which I have explained by completing the Medical Information Form (attached) . <input type="checkbox"/> My child has NO special needs for this trip.	
In case of an emergency during the field trip, the teacher/sponsor can reach me at (print telephone number and name of person to be called): 	

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF _____(*school name*), ITS AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM _____(*school name*) ITS AGENTS AND EMPLOYEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND _____(*school name*) HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. Section 744.301, Florida Statutes

I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of this field trip which is not the direct result of willful action or culpable negligence by the School District or its employees.

Parent/Guardian Signature

Date



The School District of Lee County
FIELD TRIP MEDICAL INFORMATION



Your Child's Name: _____

Date of Birth: _____

Name and # of Medical Plan: _____

Doctor's Name and Phone #: _____

List any ailments, disabilities, health issues or problems involving your child which might affect his/her participation in the field trip:

Asthma _____	Ear Infection _____	Sleepwalking _____
Allergies _____	Epilepsy _____	Sinus _____
Bronchitis _____	Heart Disease _____	Other _____

Please explain any checked items needing clarification (e.g., "Allergies" or "Other"): _____

All medication is to be administered by the trip supervisor or teacher/staff chaperone. Medication must be clearly labeled with the student's name, the name of the medication, what it is to be used for, how it is to be given, the quantity to be given, and the time(s) of day/night it is to be given. Only the amount of medication required for the duration of the trip should be provided.

Name of medication: _____

What it is to be used for: _____

How it is to be given: _____

Quantity and times to be given: _____

Comments: _____

By my signature below, I am requesting that the trip supervisor or teacher/staff chaperone administer this (these) medication(s) as directed above.

Parent/Guardian Signature: _____ **Date:** _____
Phone # _____ **Cell #** _____ **Work#** _____

IN CASE OF EMERGENCY: I hereby request the physician/emergency team selected by the trip supervisor to provide treatment for my child named above.

Parent/Guardian Signature: _____ **Date:** _____

IF PARENT/GUARDIAN CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT:
 (please print clearly):

Name: _____ Phone #: _____
 Cell # _____ Work # _____