PINELLAS COUNTY SCHOOLS

FIELD TRIP/ACTIVITIES PERMISSION FORM

School EAST LAKE HIGH SCHOOL

I (We) hereby grant permission for _____ to participate
Student Name

in a field trip/activity to ALL BAND ACTIVITIES on JULY 2019-JUNE 2020
Location Date

and to make authorized or emergency stops as necessary.

Students will be traveling in the following manner:

☐ Walking ☑ School Bus ☑ Commercial Carrier Bus ☑ Rental Vehicle (Auto, Mini Van)

☑ Private Passenger Vehicle with ☑ District Employee Driver ☑ Volunteer Driver ☐ Student Driver*

Time of Departure (Approximate) VARIES Time of Return (Approximate) VARIES

1) I authorize school representatives to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment.

2) I understand that the trained school employee who usually dispenses medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.

3) I have documented below all precautions/instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

_____

_____

_____

4) All provisions of the student code of conduct apply to field trips and activities. To ensure student safety and compliance with the student code, I agree that my child's luggage, belongings, and rooms (where applicable) may be randomly searched for contraband.

If the Field Trip is to a District or non-District site where students will have the opportunity to touch and hold animals, please complete the following:

Your child will have the opportunity to touch and hold captive animals during this field trip. Please check one space below to indicate your approval or denial

☐ **YES**, my child may touch and hold the animals. ☐ **NO**, my child may NOT touch and hold the animals.

* From time to time students may be allowed to drive other students to and from field trips or activities on a case-by-case basis, and only with administrative approval.

☐ **I agree** / ☐ **I do not agree** (check one) to allow my child to ride with another student.

_____	_____	_____	_____
Signature of Parent/Guardian	Phone (Home)	Phone (Work)	Phone (Cell)
_____	_____	_____	_____
Alternate Emergency Contact	Phone (Home)	Phone (Work)	Phone (Cell)

_____
Date