

**CARROLL COUNTY PUBLIC SCHOOLS
CURRICULAR/EXTRACURRICULAR FIELD TRIP PERMISSION LETTER**

DIRECTIONS: This form is to be completed and presented to the principal with the Curricular/Extracurricular Field Trip Request Form.

Date Submitted: _____

Dear Parents:

The _____ (Grade, Class, Organization) has been given permission to take a trip to _____ (Place) on _____ (Date). The trip will be taken on an approved carrier. Transportation for this trip will be provided by _____ (Bus/Service).

The cost of the trip will be \$_____ (Total Cost) per student. This amount includes \$_____ (Cost) for _____ (Admission fee, lunch, etc.).

Teachers and Level II Volunteers who have completed required training in a reasonable ratio of adults to the number of students taking the trip will accompany the group. The students will leave the school at _____ Time) and return by _____ (Time). Please sign and return the lower part of this form to the school if your child has your permission to go on this trip. In order to chaperone this trip, you must have completed the CCPS required volunteer training at least 7 schools days prior to the date of the trip.

Sincerely,

Teacher

APPROVED: _____
Principal School

PERMISSION SLIP

Please complete, check yes or no and return to the classroom teacher within five (5) school days. Form must be returned whether the child is participating or not.

_____ (Name) has my permission to make the trip to _____ (Place) on _____ (Date) ___ yes or ___ no. I (we) believe that the necessary precautions and plans for the care and supervision of my child during this trip will be taken.

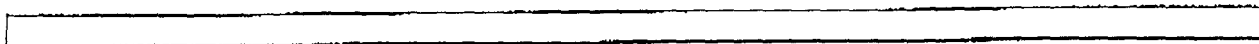
Pertinent physical or medical concerns that the staff should be aware of (i.e., allergic to bee stings, asthma, diabetes, etc.): _____

Please indicate if any medications from Health Room at school should go with your child: Yes No

Phone Number in Case of Emergency

Parent/Guardian Signature

I am in agreement with the arrangement outlined above.



**CARROLL COUNTY PUBLIC SCHOOLS
EXTRACURRICULAR ACTIVITIES MEDICAL FORM**

**Form must be with the appropriate staff person when they supervise students for
extracurricular activities away from the school.**

In accordance with Carroll County Public School's field trip procedures, we are requesting that parent/guardian complete the information below regarding his/her child before the child can participate in extra-curricular activities.

EXTRACURRICULAR EMERGENCY MEDICAL FORM

Student: _____ Phone: _____

Address: _____

Parent/Guardian: _____

Phone: Home _____ Work _____

Other Contact: _____

Phone: Home _____ Work _____

Doctor: _____ Phone _____

Insurance Company: _____ Policy No.: _____

Medical Information and/or Restrictions:

I consent to and authorize the Board of Education personnel or their designee to take whatever reasonable steps he/she deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle. We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of my child.

Parent/Guardian Signature

Date