FORT MILL SCHOOLS

PARENT PERMISSION FORM FOR FIELD TRIPS

My son/daughter _____, has my permission to go the field trip listed below.
(student name)

Date of the trip: _____ Grade Level/Class attending the trip: _____

Field Trip Destination: _____

Departure time: _____ Return time: _____

*Cost of the trip: $_____/child Payment may be made by debit/credit card online, or by check or cash. Checks can be made payable to: _____and must include a current address and phone number.

Do you need financial assistance for this trip? ☐ yes ☐ no Are you interested in providing a scholarship? ☐ yes ☐ no

*Listed below are any medical conditions, including allergies, that teachers, chaperones, and other personnel need to be aware of as well as any medications that are to be/may have to be administered on the field trip. Please note that **the only medications that will be sent from the school health room are medications needed to carry out a student's Emergency Care Plan**. Any other medications needed on the field trip MUST be provided by the parent in the original container. **In accordance to the FMSD policy, a medication consent form must be completed for each medication listed below**.

CONDITION(S)	MEDICATION(S)	DOSE(S)	TIME(S) TO BE GIVEN

(Please add additional information to the back of this form)

I understand that if my son/daughter becomes ill or is injured during this trip, the District personnel and/or chaperones will attempt to contact me or the emergency contact I have provided below:

Parent/Guardian Name: _____ Home #: _____

Mother Alternate #: _____ Father Alternate #: _____

Alternate Emergency Contact Name: _____ Alternate Contact #: _____

Additional Contact Name(s) and #: _____

If nobody can be reached with the contact numbers listed above, I understand and agree that my son/daughter may be taken to a medical facility for medical evaluation and/or treatment and I agree that I will be solely responsible for an and all costs incurred as a result:

Family Physician/Pediatrician: _____ Phone #: _____

Child's chart/file # (if known): _____

Insurance Carrier: _____ Insurance ID #: _____

Policy Holder's Name: _____

I understand that I may not hold the school, school district, or school personnel liable for any adverse reaction when the medication is administered in the prescribed manner. I hereby authorize school employees, chaperones and other personnel to assist with the appropriate medications needed by my child as stated above.

I further agree to indemnify and hold harmless the Fort Mill School District, the Board of Trustees, employees and any chaperones for any injury/illness that occurs to my child which is not a result of action or inaction by the listed representatives.

_____ _____

Signature of Parent/Guardian Date

*** PLEASE NOTE - Money collected may not be refundable. Money collected for buses is not refundable. Money will be refunded if the trip has not been prepaid.**