STOKES COUNTY SCHOOLS

FIELD TRIP AND MEDICAL TREATMENT CONSENT FORM

# I, , the parent/guardian of

**(circle one) (student’s name)**

**hereby give my permission for my child to attend the field trip of 7th Grade**

**7th Grade Social Studies Field Trip to: Mooresville to the Renaissance festival on**

**(grade/subject/school) (destination)**

**October 15, 2014.**

**(date)**

**The field trip is planned to include the following itinerary:**

**We will be departing CGMS at 8:30am for the Renaissance festival. We will return to the school around 3:20pm.**

**The trip’s educational purposes are:**

**In the 7th grade curriculum, to view the life and Culture as it is in the 1400’s.**

**PERMISSION TO GIVE MEDICAL ASSISTANCE:**

Should any medical emergency arise during the above trip, I give permission to the supervising teacher(s) to seek medical assistance for my child.

**PERMISSION TO GIVE MEDICATION:**

I give permission to the supervising staff member(s) to administer medication to my child per my instructions. I understand it is my responsibility to send any medication my child will need while on the field trip. All medications must be in the original container. I will also provide a signed Stokes County Schools Medication form for each medication along with specific instructions for administration. I understand all prescription medication must be signed by my child’s physician. I also understand the school will not dispense any medication without this information.

**WAIVER OF LIABILITY FOR FIELD TRIPS:**

In addition, I affirm that the aforementioned student is covered by a student accident or other appropriate insurance policy; or if the aforementioned student is not so covered, I voluntarily release the Stokes County Board of Education and its employees and agents from liability for any injuries suffered by the aforementioned student during the trip described above. I understand that he/she may not be covered by any applicable insurance policy during the trip.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of parent/guardian)**

**Date:**

* **Students will need to pay $13.00 for the trip no later than October 3, 2014 @ 8:30am**
* **Students will be able to bring a bag lunch or purchase their lunch at the festival**
* **\*\*\*\* all school fees or waivers and lunch fees will have to be paid before you will be allowed to attend**
* **If you would like to Chaperone, a background check must be completed by October 1st, 2014. Please contact your homebase teacher if you want to chaperone.**