



LIBERTY COUNTY SCHOOL SYSTEM

Providing students an education which promotes excellence, good citizenship, and a love of learning

SUPERINTENDENT OF SCHOOLS Dr. Valya S. Lee	MEMBERS, BOARD OF EDUCATION	Lily H. Baker, Chair • Carolyn Smith Carter, Vice Chair Marcia Anderson • Carol Guyett • Verdell Jones • Marcus Scott IV
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FIELD TRIP PERMISSION FORM (Revised 09/11/09; vtp)

STUDENT: _____ **DOB:** _____ **GRADE:** _____

SCHOOL: _____

PARENT / GUARDIAN: _____

PHONE – Work: _____ **Home:** _____

ADDRESS: _____

EMERGENCY CONTACT PERSON: _____

PHONE – Work: _____ **Home:** _____

I hereby authorize the sponsors for the field trip to have my daughter / son treated at the parent's / guardian's expense at the nearest medical facility, in case of accident or illness.

STUDENT'S DOCTOR: _____

DOCTOR'S PHONE – Office: _____ **Home:** _____

Please describe completely any medical condition (past or present) being treated which may recur or be a factor in medical treatment (include allergies, medicine reactions, disease of any kind, physical handicaps, heart or lung problems, seizures, convulsions, blackouts, etc.). If currently taking medication, state the medication and prescribing physician and phone number:

NAME OF INSURANCE COMPANY: _____

POLICY NUMBER: _____

FIELD TRIP DESTINATION: _____

I understand that all rules for the school are in effect and improper behavior will be dealt with just as if this activity took place at school. I understand that extreme improper behavior on the part of my child may result in a call that will necessitate me coming to pick up my child from the field trip.

Parent / Guardian Signature

Date

METHOD OF TRANSPORTATION: _____ **School Bus** _____ **BOE Vehicle**