



RANKIN COUNTY SCHOOL DISTRICT PARENT / GUARDIAN INFORMED CONSENT FOR FIELD TRIP

Student Name: _____ School: _____ Date: _____

General Information

The: _____

Is planning a trip to: _____

The purpose of this trip is: _____

Trip Destination: _____ Phone Number :(_____) _____

Address: _____ Place of Lodging: _____

We will leave from: _____ about (time): _____ AM PM

On (date): _____. We will return to the school on (day): _____ (date): _____

at about (time): _____ AM PM Itinerary is attached

List of items needed is attached

Attending: Number of Students: _____ minimum number of adults / chaperone: _____

Type of Transportation

District Vehicle Commercial Transportation District Bus

Other (explain): _____

Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed:

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Does your child have Medical Insurance coverage? yes no

It is recommended that all students have medical or student accident insurance.

Student accident insurance is available through

Contact the school office for details. _____

Name of Preferred Doctor _____ Phone Number :(_____) _____

Name of Insurance Carrier _____ Policy No. _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. If you have questions or concerns about this activity, please contact _____

Although I understand that the school district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the activity.

Parent/Guardian Name: _____

Day Phone: (_____) _____

Home Address: _____

Evening Phone: (_____) _____

Emergency Contact: _____

Emergency Phone: (_____) _____

Signature of Parent/Guardian: _____

Parent/Guardian signature reflects their knowledge and approval of the activity described above. This form must be returned to school before the student is involved in the activity.