



Rankin County  
School District

TRADITION OF EXCELLENCE

## 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. [Redacted]

Name of Preferred Doctor [Redacted] Phone Number [Redacted]

Name of Insurance Carrier [Redacted] Policy No. [Redacted]

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 [Redacted]

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) [Redacted] to participate in the activity.

[Redacted]

Parent/Guardian Name (Please Print)

[Redacted]

Home Address

[Redacted]

Emergency Contact

[Redacted]

Day Phone

[Redacted]

Evening Phone

[Redacted]

Emergency Phone

[Redacted]

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.*