



Education and Workforce Development Cabinet  
Office of Career and Technical Education

**Field Trip Permission Form**

School: BOONE COUNTY ATC School Year: 2019-2020

Name of Activity/Club: \_\_\_\_\_

I hereby give permission for:	
To participate in a trip to:	
On:	
The bus will depart from:	
At (Time of Departure):	
And will return to the above location at:	

I understand that a teacher and/or advisor will supervise the students while  
On this trip. I, in no way will hold BOONE COUNTY ATC  
Area Technology Center or staff accountable for any mishaps on said trip.

Signature of Parent/Legal Guardian:	
Date:	

The completion and return of this Field Trip Permission Form constitutes legal parental consent for the student to participate in a school sponsored and chaperoned event.

Equal Education and Employment Opportunities M/F/D

<b>1<sup>st</sup> Period/Block Teacher</b>	
<b>2<sup>nd</sup> Period/Block Teacher</b>	
<b>3<sup>rd</sup> Period/Block Teacher</b>	
<b>4<sup>th</sup> Period/Block Teacher</b>	
<b>5<sup>th</sup> Period/Block Teacher (If Req'd)</b>	
<b>6<sup>th</sup> Period/Block Teacher (If Req'd)</b>	
<b>7<sup>th</sup> Period/Block Teacher (If Req'd)</b>	
<b>High School Administration Signature:</b>	

Boone County Schools Field Trip Permission Form

Rev. 10/27/2014

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

My son/daughter has permission to attend the field trip to \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_

(date)  
from \_\_\_\_\_ (departure time) to \_\_\_\_\_ (arrival time).

In case of emergency, you may reach us by telephoning: \_\_\_\_\_

Or by contacting: \_\_\_\_\_ Phone #: \_\_\_\_\_

Will it be necessary for your child to take medication while on the Field Trip?

Yes

No

If Yes, please complete a Medication Administration Consent form for each medication, unless already on file at school for the current school year.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and follow his/her instructions. If unable to contact this physician, the school may take whatever arrangements that seem necessary. I understand that trained Boone County School staff will be delegated to assist with/administer medication(s) required for this field trip. All medications needed must be provided by the parent/guardian.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Member ID: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_

Please note health condition(s) and drug, food or other allergies:

\_\_\_\_\_

The Board of Education maintains adequate insurance coverage for all school-related activities. However, individual medical insurance is the parent's responsibility. Your local insurance agent could provide individual trip insurance.