

School-Related Student Trip Forms
Permission Slip and Medical Release Form

Student's Name _____		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
School _____	Grade _____	Homeroom/Classroom _____
<input type="checkbox"/> All school-related trips for the _____ school year; OR		
<input type="checkbox"/> Field Trip Date(s) _____ Destination _____		
Alternate Destination, if applicable _____		
Mode of Transportation _____ Cost to Student, if applicable \$_____		

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

_____	_____
<i>Parent/Guardian's Signature</i>	<i>Date</i>

Please return this form to your child's teacher.

School-Related Student Trip Forms

Extra-Curricular Student Check-Out Permission Form

Student Name (Please print) _____
Last Name First Name Middle Name

Student Address _____

Student Age ____ Grade ____ Date of Birth ____/____/____ Phone Number _____

In the event you desire to give permission to another non-student adult to transport your child at the conclusion of an extra-curricular activity, please provide the following information:

Names, including parent/guardian, or people that may pick up my child:

Name of Individual authorized to transport my child	Relationship to Child	Telephone Number

The individuals listed above are authorized to transport my child at the conclusion of the following:

Name of Extra-Curricular Activity: _____

Date of Activity: _____

If activity is a sport, do the individuals listed above have your permission to transport your child throughout the season?

___ Yes ___ No

If no, on what date(s) do the individuals have permission to transport your child?

Please note that the individual providing transportation on your behalf must be at least 18 years old and cannot be enrolled as a student. Additionally, by authorizing the above-named individual(s) to transport your child, you agree that the transportation of your child is not school sponsored and that the Barren County School District is not responsible for any injuries your student may sustain as a result of the transportation provided.

Parent/Guardian Name

Parent/Guardian Signature

Date

Review/Revised:7/15/2021