



**Parent Permission Form for Field Trips**

My son/daughter \_\_\_\_\_, has my permission to go on the field trip listed below.  
 Student Name

Date of the trip: \_\_\_\_\_ Field Trip Destination: \_\_\_\_\_

Grade Level/Class attending the trip: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Departure time: \_\_\_\_\_ Return time: \_\_\_\_\_ Cost of trip: \$\_\_\_\_\_/child (Online payment preferred)

Financial assistance needed for trip? \_\_\_ Yes \_\_\_ No ▪ Interested in providing a scholarship? \_\_\_ Yes \_\_\_ No

\*Listed below are any medical conditions, including allergies, that school district staff needs to be aware of as well as any medications that are to be/may have to be administered on the field trip. Please note that **the only medications that will be sent from the school health room are medications needed to carry out a student's Emergency Care Plan.** Any other medications needed on the field trip **MUST** be provided by the parent in the original container. **In accordance to the FMSD policy, a medication consent form must be completed for each medication listed below.**

CONDITION(S)	MEDICATION(S)	DOSE(S)	TIME(S) TO BE GIVEN

(Please add additional information to the back of this form)

I understand that if my son/daughter becomes ill or is injured during this trip, the District personnel will attempt to contact me or the emergency contact I have provided below:

Parent/Guardian Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Mother Alternate #: \_\_\_\_\_ Father Alternate #: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_

Additional Contact Name(s) and #: \_\_\_\_\_

If nobody can be reached with the contact numbers listed above, I understand and agree that my son/daughter may be taken to a medical facility for medical evaluation and/or treatment and I agree that I will be solely responsible for any and all costs incurred as a result:

Family Physician/Pediatrician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's chart/file # (if known): \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

I understand that I may not hold the school, school district, or school personnel liable for any adverse reaction when the medication is administered in the prescribed manner. I hereby authorize designated school employees to assist with the appropriate medications needed by my child as stated above.

I further agree to indemnify and hold harmless the Fort Mill School District, the Board of Trustees, employees and any chaperones for any injury/illness that occurs to my child which is not a result of action or inaction by the listed representatives.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

\* PLEASE NOTE - Money collected for field trips may not be refundable. Money collected for buses is not refundable. Money will only be refunded if the field trip has not been prepaid.