

Craven County Schools
Parent/Guardian Field Trip Consent Form

Destination of Trip: _____

Date(s) of Field Trip: _____

A Detailed Trip Itinerary is Attached (*Note: If an itinerary is not attached to this form, please contact the school and request one before signing.*)

Mode of Transportation: _____

Water Activities: ____ Yes ____ No *If yes, detail water activities in itinerary*

Supervising Teacher's Name(s): _____

School Name: _____

I hereby grant my informed consent and permission for (student's name) _____ to attend the school supported field trip described above. In the event of an accident or medical emergency, I authorize any supervising teachers on the trip to seek medical assistance, and I will assume responsibility for all expenses. I hereby fully and unconditionally discharge and release from liability the Craven County Board of Education, its agents and employees from any and all claims of any nature arising or resulting from the activities described above.

Parent's/Guardian's Signature: _____ Date: _____

Phone Number: _____

Address: _____

Date of Student's Birth: _____

Doctor's Name: _____ Phone Number: _____

Name of Medical Insurance Company: _____

Policy Number: _____

Student Allergies _____

List of Medications for Field Trip _____

If parent cannot be located in the event of an emergency, contact:

Name: _____

Phone Number: _____

Address: _____

Authorized Personnel Only

Received by: _____

Date: _____