



**Anderson Districts I & II Career & Technology Center**

702 Belton Highway • Williamston • SC • 29697 • Phone 864-847-4121 • Fax 864-847-3539 • www.andersonctc.org

**PARENTAL PERMISSION FOR STUDENT TO TAKE SCHOOL-SPONSORED TRIP**

\_\_\_\_\_ has permission to participate in a school-sponsored

trip on: \_\_\_\_\_, DESTINATION: \_\_\_\_\_

DEPARTURE: \_\_\_\_\_ EST. TIME OF RETURN: \_\_\_\_\_ METHOD OF TRANSPORTATION: \_\_\_\_\_

This form is due on \_\_\_\_\_. Late forms may prevent participation.

- My child will need to be administered a medication (prescription or over the counter) that is currently administered by the school nurse.
- My child will need to be administered a prescription medication or an aspirin-containing medication that is NOT administered by the school nurse.\*\*
- My child will need to be administered over the counter medication that is NOT administered by the school nurse.\*\*

\*\*If you have checked either of the last two boxes, please be sure to complete the appropriate paperwork allowing school personnel to administer medicine. A DOCTOR'S SIGNATURE IS REQUIRED FOR ALL PRESCRIPTION MEDICATION. All medication must be in its original container. NO MEDICATION WILL BE ADMINISTERED UNLESS THESE PROCEDURES ARE FOLLOWED. Medications will be administered in accordance with District Policy JLCD/JLCD-R.

**Special Notes:**

- **Generally, if an adult chaperone is not present, students will be in groups of three or more. Exceptions may exist, including visits to the bathroom.**
- If chaperoning, you cannot bring children other than those who are eligible for the field trip. **This includes siblings.**
- Please make arrangements to pick up your child at the estimated time of return in the event the trip returns after school hours. **The school cannot be responsible for getting students to individual homes.**

ATTENTION: ACTC promotes both safe and healthy behavior. **NO CHAPERONE SHOULD USE ANY TYPE OF ILLEGAL DRUGS, TOBACCO PRODUCT, VAPE DEVICES OR DRINK ALCOHOLIC BEVERAGES ON ANY SCHOOL SPONSORED TRIP, INCLUDING OVERNIGHT FIELD TRIPS.**

I understand the above and further understand that the students will be subject to the same standards of conduct as they are when at school.

I further understand that the school may not carry insurance relative to the trip or for injuries to the student during the trip, and I represent that the student has insurance either through the district's student insurance program or through my own insurance carrier. In addition, if any emergency medical procedures or treatment are required during the trip, I consent to the taking, arranging for, or the procedures or treatment according to the discretion of the supervisor(s) of the school-sponsored trip.

I release and waive and further agree to indemnify, hold harmless or reimburse and defend ACTC, its board of trustees, the individual members thereof, all employees, representatives, and all agents thereof, from and against any claim which I, any other parent or guardian, any sibling, student or other person may claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during or in connection with my child's participation in the school-sponsored trip or the rendering of medical procedures or treatment for any injuries sustained during the trip.

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

TELEPHONE NUMBERS \_\_\_\_\_(Cell) \_\_\_\_\_(Cell) \_\_\_\_\_(Work)

**DISCIPLINARY ACTION WILL BE TAKEN WHEN STUDENTS ARE RESPONSIBLE FOR FORGERY.**