



Field Trip Permission Slip and Release Form

I hereby certify that _____, has my permission to participate in the following school sponsored activity:

When: _____

Where: _____

Cost: _____

Lunch: _____

Departure Time: _____ **Return Time:** _____

My child is adequately covered by an accident, health, and/or hospitalization insurance policy which will be in effect during participation in these activities. This coverage is by virtue of (check one of the following):

School Child Accident Insurance (offered through the school)

Personal Insurance

Name of Insurance Company: _____

Policy #: _____

I also acknowledge and certify that this permission slip releases and absolves Bladen County Schools, its agents and employees from all liability for injuries and related expenses incurred by the student as a result of participation in the above named school sponsored activities without being adequately covered by the insurance protection certified above.

Parent Name (Print): _____

Parent Signature: _____

Date: _____ **Parent Phone #:** _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Please return this permission slip to your teacher by: _____