

BEAUFORT COUNTY SCHOOLS

PARENTAL CONSENT AND EMERGENCY INFORMATION FOR SCHOOL TRIPS

THIS CONSENT FORM IS TO BE SIGNED ONLY AFTER UNDERSTANDING AND AGREEING TO THE INFORMATION BELOW. IF THIS FORM IS NOT COMPLETED AND RETURNED PRIOR TO THE SCHOOL TRIP, THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL IN A SUPERVISED ACTIVITY.

Trip or Activity Planned

Attached is an itinerary that includes the place or places to be visited, a daily schedule of activities, and the dates, times, and places of departure and return.

Purpose of Trip or Activity _____

Name of Teacher/Sponsor _____ **School** _____

Method of Transportation _____

Name of Vehicle *(If method of transportation is by privately owned vehicle)*
Owner/Driver _____

Transportation in Privately Owned Vehicles

I understand that when I give permission for my child to be driven to a field trip in a privately owned vehicle, that the board's liability insurance does not cover the use of private vehicles to transport students for school activities and the vehicle owner's liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by Beaufort County Schools, the school system's vehicle liability coverage is applicable to any vehicular accident.

Changes/Cancellations

I understand school trips may be cancelled when necessary by the principal, superintendent, or Board of Education. The school system cannot guarantee reimbursement when such cancellations occur. Parents/guardians will be notified of any significant change in plans prior to the school trip.

The fees and/or deposits for this field trip (are _____) (are not _____) refundable if the student decides not to participate in the field trip or if the field trip is cancelled.

Exceptions and Instructions

I understand the following is expected of the student:

1. to follow instructions given by the teacher/chaperone;
2. not to leave or separate from the group without appropriate authorization from a teacher/chaperone; and,
3. to comply with all school and district policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip, may require the student's parent/guardian to pick up the student from the field trip site and will subject the student to school disciplinary consequences.

---Parent/Guardian: Please complete Emergency Contact, Medical Information, and Medical Emergency Authorization Sections on Page 2.

Emergency Contact Information

	<i>1stChoice</i>	<i>2ndChoice</i>
Name:	_____	_____
Phone:	_____	_____
	(Day) (Night)	(Day) (Night)
	(Mobile) _____	(Mobile) _____

Emergency Medical Information: (Please complete as applicable.)

Family Physician: _____ Phone Number: _____

Date of last tetanus booster: _____

My child is allergic to: _____

Medication taken routinely: _____

Special health needs: _____

Name of Insurance company: _____ Policy #: _____

Parent/Legal Guardian Medical Emergency Authorization

I certify that my child has no special medical or physical condition which would impede participation in this field trip. I agree to disclose to BCS any medications and/or prescriptions which my child shall or should take at any time during the duration of the field trip and submit the *Request to Administer Medication Form* at least one week prior to the trip.

In the event of a medical emergency while my child is participating in a school trip, I authorize the Beaufort County School System officials to release the following information to the healthcare provider. I understand school officials will use the contact information provided below to contact me in the event of such emergency. If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) arranging for and consenting to the procedures or treatment in the supervisor's discretion. I will pay the costs of any such medical procedures or treatment.

I REQUEST THAT THE BELOW-NAMED STUDENT BE ALLOWED TO PARTICIPATE IN THE TRIP PLANNED AND SPECIFICALLY CONSENT TO THE MEDICAL EMERGENCY AUTHORIZATION AS STATED ABOVE.

Name of Student _____

Parent/Guardian Signature _____ Date _____

Student Signature (Grades 6–12) _____ Date _____

This form must be kept with school officials at all times during the school trip.

BEAUFORT COUNTY SCHOOLS

AUTHORIZATION FOR USE OF PRIVATE VEHICLE

Driver's Name _____
School _____ Activity Date _____
Activity _____

Please read the following information carefully:

- 1. Insurance - *A copy of your automobile liability insurance policy must be attached to this form.***

Beaufort County Schools does not provide automobile liability or property damage insurance coverage to employees/volunteers who provide their own vehicles for school activities. You have agreed to transport students for a school sponsored activity. Please be aware that in the event of an accident, your insurance will provide primary coverage. Beaufort County Schools does not accept any liability for bodily injury or property damage arising from your negligence in driving your own vehicle for a school sponsored activity.

As a driver providing your own vehicle for this activity, you are required to provide proof that you carry valid automobile liability insurance covering bodily injury and property damage.

- 2. Driver Responsibility - *A copy of your N.C. driver's license must be attached to this form.***

You are responsible for maintaining your vehicle in a safe condition during the term of this activity.

You are responsible for ensuring that required seat belts/child passenger restraint systems are properly used at all times.

I HEREBY ACKNOWLEDGE that as a driver providing my own vehicle, I have read and understand the information provided herein. My signature below hereby affirms that I fully accept and agree to the terms and obligations as stipulated herein.

Driver's Signature _____ Date _____
Principal's Signature _____ Date _____