



HOKE COUNTY SCHOOLS

Parental Consent and Student Medical Information for School Trips

- By signing this consent form, I certify that I have read and understand the information below and that any information I have provided is accurate and complete to the best of my knowledge.
 - I assume responsibility for contacting the teacher or sponsor from Hoke County Schools if there is any change to my child's medications, need for medical assistance, or medical condition after I complete and attach the Hoke County Schools Emergency Health Agreement.
 - If this form and the Emergency Health Agreement are not completed and returned by **9/30/2025**, the student will not be permitted to participate and will remain at school in a supervised activity.
-

THIS SECTION TO BE COMPLETED BY TEACHER/SPONSOR AND SENT TO PARENT/GUARDIAN

School: East Hoke Middle School

Teacher/Sponsor: Ashley Artis

Trip/Activity: Seventh Grade Atlanta, Georgia Field Trip

Date(s) of Trip/Activity*: 3/12/2026 - 3/13/2026

Method of Transportation†: Southern Express - Commercial Carrier

** Itinerary is attached that includes the place(s) to be visited, a daily schedule of activities, and the dates/times/places of departure and return.*

† When privately owned vehicles of any type are used for transporting students, only the vehicle owner's liability coverage is applicable to any vehicular accident.

Changes/Cancellations:

School trips may be canceled when necessary by the principal, superintendent, or board of education. Hoke County Schools cannot guarantee reimbursement when such cancellations occur. Parents/Guardians will be notified of any significant change in plans prior to the school trip.

Supervision:

Ashley Artis, Bryan Kingsmill

Expectations and Instructions:

I understand the following is expected of the student, and the student has been instructed by me:

- To follow instructions given by teachers/chaperones.
- Not to leave or separate from the group without appropriate authorization from teachers and/or chaperones.
- To comply with all laws and ordinances, including but not limited to those pertaining to prohibiting the possession of drugs or alcohol. (Possession or use of drugs or alcohol is absolutely prohibited.)
- Not to enter the lodging accommodations of any other student unless with the permission of the occupant(s).
- To comply with all school and district policies and rules of conduct because, although away from school, they are considered applicable during the trip.
- To conform to usual and customary standards of good citizenship, decorum, and common courtesy.

In the event that any of the above expectations or instructions are violated, I understand that the student's participation may be immediately terminated, that school officials reserve the right to remove the student from the trip, that a parent or guardian may be called to retrieve the student, and that the student will be subject to school disciplinary consequences.

Insurance

I represent that the student has health insurance either through the school system's student insurance program or through my own insurance carrier. I understand that Hoke County Schools may not carry any insurance relative to this trip or for injuries to the student but that it reserves the right to purchase supplemental insurance for student travel. **I acknowledge that any liability insurance carried by the Hoke County Board of Education does not cover the use of private vehicles of any type to transport students for school activities.**

Accommodations

If the student is disabled or requires special accommodations, information concerning those accommodations is attached.

**THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN
AND RETURNED TO TEACHER/SPONSOR**

I request that _____ (name of student) be allowed to participate in the trip and/or activity planned and I specifically consent to the student's participation.

I acknowledge that, if noted above, one or more private vehicles will be used to transport students for the trip. I consent to the above-named student being transported in a private vehicle of any type for the trip.

If any emergency medical procedures or treatment are required during the trip, I consent to a teacher or sponsor taking, arranging for, and consenting to the procedures or treatment in the teacher's or sponsor's discretion on the student's behalf. I will assume responsibility for the costs of any such medical procedures or treatment. I understand that school officials will use the contact information provided below to attempt to contact me in the event of such an accident or emergency. I have attached a completed and signed Hoke County Schools Emergency Health Agreement.

To the extent permitted by law, I agree to release the Hoke County Board of Education, its individual members, agents, employees, and representatives (including all trip supervisors), from and against any claims which I or any other person, firm, or corporation have or may have, known or unknown, arising out of, during, or in connection with the student's participation in the field trip, including being transported in a private vehicle of any type, except this release shall not release any claims I have that are covered by insurance provided for a private vehicle. I further agree to indemnify, hold harmless, and reimburse the Hoke County Board of Education, its individual members, agents, employees, and representatives (including all trip supervisors), if such a claim is made, except as it relates to claims that are covered by insurance provided for a private vehicle. If the student is at least 18 years of age,, he or she shall signify acceptance of and agreement to all the above conditions and releases by signing where indicated below.

Parent/Guardian Name (please print)	Signature	Date
-------------------------------------	-----------	------

Student Name (please print)	Signature (Grades 6-12 Only)	Date
-----------------------------	------------------------------	------

Address

Parent/Guardian Telephone

Name and Telephone Number of Emergency Contact