OCONEE COUNTY SCHOOLS
FIELD TRIP AND TRANSPORTATION PERMISSION FORM

Field Trip Date(s): _____

Departure and Return Time: _____ Destination: _____

Student: _____ Teacher: _____

Parent/Guardian: _____

Parent Contact Numbers: Cell _____ Work _____ Home _____

Emergency Contact: _____

Health Insurance Company (Policy/ Group Number): _____

Student's Health Needs (medications, allergies, or other): _____

I, the parent or guardian of the student named above, give my permission for my child to participate in the field trip(s) described above. I understand that neither the school nor the school system provides medical insurance for my child, and that I, as the parent/guardian, am responsible for the payment of any medical treatment and related expenses not covered by personal health insurance. In the event of a medical emergency, I hereby authorize the school official(s)/chaperone(s) attending to my child during the trip to secure medical attention, medical transport, and/or hospitalization for my child. **Parent/guardian hereby releases, discharges, and covenants not to sue Oconee County Schools, its employees and agents; members of the Oconee County Board of Education; and any parent, volunteer or other person serving as a chaperone on the field trip identified above ("field trip") of and from any claims for injuries and/or damages, including without limitation claims for bodily injury, medical and related expenses, loss of income, disability, pain and suffering, punitive damages, and attorney's fees and expenses arising out of any occurrence or act or omission which takes place during the field trip or during transportation to and/or from the school or other location in connection with the field trip.**

I hereby grant permission to Oconee County Schools to:

(a) transport my child in a vehicle owned and/or operated by the school system; and/or

(b) transport my child in a privately owned vehicle operated by either a school system employee or non-employee (e.g., another parent or school volunteer).

I understand and agree that this transportation authorization shall remain in effect for the duration of the _____ school year unless revoked by me, which revocation to be effective must be in writing and delivered to the Principal.

Parent/Guardian Signature: _____

Date: _____