



Perry County School District Field Trip Permission Form

The undersigned is the parent or guardian of _____ Gr: _____
Student Grade

and grants permission for the student to visit: _____

for the purpose of: _____

on _____ from _____ until _____
Date Time Time

Students will travel by _____
Method of Transportation

This trip is being sponsored by _____
School/Organization

Teacher(s)/Administrator

I authorize any medical treatment in case of an emergency and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify Perry County School District, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence, intentional neglect, or willful conduct by the District or its agents, representatives, or employees.

Please complete the following:

Name of Emergency Contact _____

Home Phone _____ Work Phone _____

Cellular Phone _____

Signature of Parent or Guardian

Date

