

**PARENT/GUARDIAN PERMISSION FOR FIELD TRIP  
LEXINGTON COUNTY SCHOOL DISTRICT ONE**

Date(s): \_\_\_\_\_ Time Leaving: \_\_\_\_\_ Time Returning: \_\_\_\_\_

Trip Begins and Ends at (Location): \_\_\_\_\_

Destination: \_\_\_\_\_  
Facility Street Address City State

Itinerary: \_\_\_\_\_  
\_\_\_\_\_

Objectives/Activities of the Trip: \_\_\_\_\_  
\_\_\_\_\_

Field Trip Supervisor: \_\_\_\_\_  
Supervisor's Phone Number

Mode of Transportation: \_\_\_\_\_ Lodging: \_\_\_\_\_

Chaperones: \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to participate in the field trip described above. I understand that my child will be under the supervision of the chaperones listed above, that all district/school policies are in effect for the duration of the trip, and that any violations of such policies will result in disciplinary action being taken. While on the trip, the listed chaperones have my permission to act on my behalf in the event of an emergency. I understand that all out-of-pocket expenses associated with emergency medical treatment will be my responsibility. I also understand that my child will be given the opportunity to complete any work missed due to the trip.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Student Allergies, if any: \_\_\_\_\_ Student's Current Medications: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT B**