FIELD TRIPS AND ENRICHMENT ACTIVITIES

School System Transportation Release

DATE ___________

DEAR ________________________________

(Name of Parent)

( ) Permission is granted for my child, ___________________, to accompany your group on the field trip described below. In case of emergency you may contact me at ________________________.

( ) I do not wish my child, ___________________; accompany your group on the field trip described below.

NOTICE TO PARENTS AND GUARDIANS

A student’s academic credits or grade standing will not be affected by this field trip. Participation is not a requirement.

The vehicles to be used as transportation on this field trip may be school system vehicles.

The student’s election to participate and your consent thereto is a waiver of any claims for personal injury or property damage against the school system.

I AM AWARE THAT THE DRIVER OF THIS VEHICLE WILL BE ( ) A LICENSED BUS DRIVER; ( ) AN ADULT/TEACHER; ( ) MY CHILD.

________________________________________
Signature of Student

________________________________________
Signature of Parent or Guardian

________________________________________
Date

Organization: ____________________________ Purpose of Trip: ____________________________

Destination: ____________________________ Approximate Mileage: ________________

Date of Trip: ________________ Time of Departure: ________________

Date of Return: ________________ Time of Return: ________________

Trip Cost: ___________________ (Admission Cost _____ Lunch Cost _____)

Douglas County Board of Education