

Permission To Participate In Field Trip

Name: _____

This permission form has been signed only after understanding and considering the following information;

1. **Trip Planned:** (Describe the trip planned, including the place(s) to be visited, and the dates, times and places of departure and return.)

Community Caroling

Date: Tuesday, December 7th

Meet at CHS in the chorus room to load buses @ 8:25am, return to CHS at 2:00pm

2. **Purpose of Trip:** (Describe the purpose of the trip)

Performing for our community at Northeast Georgia Medical Center,

Chestatee Academy, McEver Elementary, Sardis Elementary & Lanier Elementary

3. **Supervision:** (Describe the supervision to be provided throughout the trip.)

Mrs. Bassett

4. **Transportation:** (Describe the method by which students will be transported.)

Hall County Bus

5. **Insurance:** I understand that the Board of Education does not or may not carry any insurance relative to the trip for injuries to the student. My child has insurance through the Board's student insurance program or through my own insurance carrier.

6. **Funds Requested:**

Amount: **None** Purpose of Funds: **N/A**

Lunch (please choose an option, as we won't be at school during lunch):

My child will bring a packed lunch from home

My child will need a sack lunch

I request that the above named student be allowed to participate in the trip planned and specifically consent to his/her participation.

I also authorize the school to obtain through a physician of its own choice any emergency care that may become reasonably necessary for the student during the trip. I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student during the trip.

Date: _____

Parent /Guardian

Parent /Guardian

Phone: _____

Phone: _____