

PARENTAL PERMISSION FOR FIELD TRIP / EXCURSION

_____ has permission to make an off-campus field trip/excursion with

Student's Name: _____
Teacher, Class, or Organization: **Elizabethton HS Band** to **All destinations to be announced**
Location or Destination

The purpose for this trip is: **Performance destinations approved by ECS**

Students will depart from: **TBA** at _____ on _____
School or Location Time Date

Students will return to: **TBA** at _____ on _____
School or Location Time Date

Students will travel by: **School or Charter** with the following
Vehicle Type

The following is a list of chaperones: _____

The cost to the student for the fieldtrip is: _____

In case of accident, injury, or illness, I hereby authorize the trip sponsor to take the above-named student to a physician or emergency room for treatment.

In allowing your child to participate, you agree to release and hold harmless Elizabethton City Schools, administrators, and employees from any and all liability, loss, damages, claims, or actions resulting in bodily injury and/or property damage, in accordance with state law, arising from participation in the fieldtrip/excursion listed above. Fieldtrip/excursions that are not required for a grade are considered "optional" trips and do not qualify as a school fee, and thus are not covered by the fee-waiver form (Board Policy 6.709). Any fieldtrip/excursion may be withheld from a student's participation at the discretion of the chaperone/administrator.

Students are expected to be on their best behavior (as representatives of the school district) and follow the instructions provided by the trip sponsors (chaperones). Students shall comply with these instructions and follow the guidelines for behavior listed in the student handbook and all policies (pertaining to behavior) outlined in Section 6 (Students) of the Elizabethton City Schools Board Policy Manual.

Parent/Guardian Signature: _____ Date: _____

Emergency Phone Number: _____

List Any Medical Conditions Pertaining To _____

Current Medications: _____