

Applying County Middle School
FIELD TRIP PERMISSION FORM

Date

Dear Parents

Your child's academic team is planning a field trip to enhance and enrich the course content. Your child's file contains a FIELD TRIP HEALTH AND INSURANCE INFORMATION FORM containing health and insurance data. Please verify below that the health and insurance information you provided at the beginning of the year is current and correct, and that you grant permission for your child to be transported to and from this off-campus activity.

TRIP DETAILS

WHEN _____

WHERE _____

PURPOSE _____

WHAT TO BRING _____

SPECIAL

INSTRUCTIONS _____

FIELD TRIP PERMISSION

As parent/legal guardian of _____

STUDENT'S NAME

I ____do____do not grant permission for him/her to participate in the off-campus field trip activity.

The information health and insurance information I provided on the FIELD TRIP HEALTH AND INSURANCE INFORMATION form _____ is _____ is not correct. (if not correct, please indicate changes below.)

Changes _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

Appling County Middle School
INSURANCE WAIVER

In signing this waiver, I hereby release and discharge the Appling County Middle School and the Appling County Board of Education of any all responsibility and liability regarding insurance for my child

_____ before, during and after school-approved field trips and
STUDENT'S NAME
Off-campus activities. I understand that the Appling County Board of Education makes available insurance coverage via Standard Life and Casualty, which I may purchase for my child.

I further acknowledge that signing this waiver, indicates that I have, or will, provide insurance protection or other medical coverage for my child _____
STUDENT'S NAME

Signature of Parent/Guardian_____

Student's Name_____

Date_____

(please provide a copy of your insurance card along with this form)