

**Baldwin County Public Schools**  
 Parent/Guardian Field Trip Notice/Permission Form

Student Name: \_\_\_\_\_

**IMPORTANT!**  
 MONEY (\$ )  
 AND THIS  
 PERMISSION  
 FORM DUE BY  
 .  
 THIS FORM MUST  
 BE RETURNED  
 TO THE SCHOOL  
 BEFORE THE  
 STUDENT CAN BE  
 INVOLVED IN THE  
 ACTIVITY.

**General Information**

Teacher:	School:	Date:
Trip destination:		
Address:		Phone No.
We will leave from _____ at _____		<input type="checkbox"/> AM <input type="checkbox"/> PM on _____
We return on (day) _____, (date) _____ at _____		<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Attending:</b> Number of students: _____		Minimum number of adults/chaperones: _____
The purpose of this trip is to: _____		
Overnight trips - <input type="checkbox"/> Itinerary is attached <input type="checkbox"/> List of items needed is attached		
<b>Transportation</b> <input type="checkbox"/> District bus <input type="checkbox"/> Commercial transportation <input type="checkbox"/> Other		

**Please cut and return the bottom part to the school.**

\_\_\_\_\_ has my approval to participate in the field trip described above. I understand and agree that school officials and/or chaperones will not be held liable for any accidents or injuries that might occur during the field trip. I also understand that field trip fees are set many weeks in advance based upon ticket and transportation costs. Reservations are made and tickets are purchased in advance of the event. Due to this, **no refunds will be made for field trips except for extreme cases at the Principal's discretion.**

\_\_\_\_\_  
**Parent's Signature of Approval**

\_\_\_\_\_  
**Date**

**Medical Information**

In the event of an accident or illness, I understand that reasonable effort will be made to contact parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Does your child have Medical Insurance?  Yes  No Name of Preferred Doctor \_\_\_\_\_

Doctor's Phone (\_\_\_\_) \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.  
 \_\_\_\_\_

The following medications, prescriptions, or special diets are needed: \_\_\_\_\_

Parent /Guardian \_\_\_\_\_ Day #(\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell# (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Work # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Home Address \_\_\_\_\_ Night # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Day #(\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell# (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Work # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Day #(\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell# (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Work # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

I am interested in being a chaperone.

Chaperones are also expected to adhere to Baldwin County Public Schools' policies for drug free, smoke free and weapon free campuses. Field trips are designed and planned for school-age students in a particular class or group.

**PLEASE CHECK ONE:**

My child will bring a sack lunch from home.

My child will need a sack lunch from the cafeteria (if applicable) and I will pay as usual before the trip.