

STATEMENT OF RELEASE AND PERMISSION FOR A FIELD TRIP

School: _____

Sponsor/Teacher: _____

Departure Date/Time: _____ **Return Date/Time:** _____

Overnight (Y/N): Yes No **Out of State (Y/N):** Yes No

Cost to Student: _____ **Lunch Needed (Y/N):** Yes No

Trip Description: _____

(Families: Return the bottom portion of this form to the school. Retain the top portion of this form for your records.)

I, the parent, guardian of _____, give him/her permission to attend the field trip to _____. It is understood that my student will obey the authority of the sponsor and he/she will abide by all school rules and regulations as outlined by the Bedford County Public Schools (BCPS) Code of Conduct while on the field trip. Any infraction of the rules and regulations by my child will release BCPS and its employees from all claims that may be a result of the infraction. I assume full responsibility for notifying the school/sponsor of any medical conditions my child has. I also assume full responsibility for providing the sponsor/school nurse with the required medical paperwork and/or doctor’s orders and medication and supplies needed for these medical conditions at least two school days prior to the trip departure. My child has current emergency information on file and/or complete and current information on file with the school.

Student Name (Print)

Parent Name (Print)

Student Signature

Parent Signature

Date

(home) _____ (cell) _____
Phone Numbers