

**FIELD TRIP PERMISSION FORM**

Destination/Purpose of Trip: Girls BB Championship Game - Chapel Hill

Date of Trip: 3/16/19 Approximate Mileage of Trip: 160 x 2 = 320

Departure Time: 12:00 am/pm <sup>Approx.</sup> Return Time: 10:30 am/pm Mode of Transportation: Activity

Transportation Cost to Student: \$ 10.00 Admission Cost to Student: \$ 15.00

Other Costs (Itemized): \$ \_\_\_\_\_ Total Cost to Student: \$ 25.00

Additional Notes: Return Time is approximate. Lunch on their own @ the venue.

Please return to Coach Blackwell by 3/14/19

This field trip is (circle one):      Refundable      Non-Refundable

**\*Note: Make checks payable to your child's school. Returned/NSF checks are collected electronically along with the state-allowed fee (currently \$25.00).**

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Please detach and keep top portion for your records - return bottom portion to the school.

Destination: Girls BB Championship Game - Chapel Hill

Date of Trip: 3/16/19 Teacher Name: Blackwell Grade N/A

To parent/guardian: This permission slip must be filled out completely including signature and telephone numbers. Please print in ink.

Student Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Cell #(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Insurance Purchased (Optional):    Yes      No

Please provide any pertinent information regarding any chronic medical conditions or allergies as well as any medication (prescription or otherwise) student is currently taking that must be administered during the course of this trip.

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I hereby give permission for my child, \_\_\_\_\_, to accompany your group on the field trip described above. I also authorize the calling in of a doctor and/or the providing of other necessary medical services at my expense should an emergency arise. I certify that my child is in good health and can participate in all the normal activities of the group.

I do not wish my child, \_\_\_\_\_, to accompany your group on the field trip described above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date