

**ROANOKE COUNTY PUBLIC SCHOOLS
FIELD TRIP INFORMATION
GRADES K – 12**

School _____ Date _____

Class or group: _____

Destination: _____

Departure: Time: _____ Date: _____

Return: Time: _____ Date: _____

Type of transportation: _____

Total charges/student: _____

Type of supervision: Members of school staff

This activity will provide an excellent educational experience for students. In order for your child to participate, your permission and release from liability are required. Please complete the bottom portion of this form and return it to the school along with the appropriate fee by _____. If you have questions concerning this activity, please do not hesitate to call. (DATE)

Please mark your calendar with this information.

_____ has my permission to go on the field trip to _____ on _____.

I further agree to release and hold harmless the Roanoke County School Board and its officers, agents and employees from liability for any accident, injury, illness or death, sustained by the above student in connection with or while participating in the above activity.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed dentist, physician and/or surgeon as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the parent/guardian and not the Roanoke County School Board.

It is important that all families understand that, should conditions in our country at the time of the trip be such that the school administration believes the trip be unsafe in travel or destination, the trip will be cancelled. While this would indeed be unfortunate for all involved, we must make safety our first priority. Should this occur, the money paid for the trip will **not** be refunded. Most of the costs associated with the trip must be paid in advance. Therefore, the school will not have the money to refund. We will make every effort to recoup money spent. However, it is highly unlikely that refunds will be issued.

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Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Please complete the reverse side of this form and return it to your child's school.

**ROANOKE COUNTY PUBLIC SCHOOLS
FIELD TRIP GRADES K-12
HEALTH INFORMATION**

(Please print all information)

Name _____ Age _____ Date of birth _____

Address _____

City _____ State _____ Zip code _____ Telephone no. _____

Names of custodial parents/legal guardians _____

Mother's/female legal guardian's work phone number _____ Cell/Beeper no. _____

Father's/male legal guardian's work phone number _____ Cell/Beeper no. _____

Alternate contact name and phone number if neither parent/guardian can be reached

List any medical conditions/allergies, dietary restrictions, etc., of which school staff should be aware:

If your child requires prescription/over the counter medication during this field trip, the **medication administration** form must be completed and signed by a parent. Physician signature is also required for prescription medication.

All medications must be delivered to the school by the parent in original container with only the necessary number of doses needed.

Inquiries regarding medication should be directed to the school nurse.

Date of last tetanus shot: _____

Insurance: Yes No If yes, company name and policy no: _____

School Insurance: Yes No

PARENT PERMISSION

I give permission for designated staff to administer a Benadryl dose according to bottle directions for an allergic reaction. Yes No

I give permission and will accept financial responsibility for my child to receive medications, and/or health procedures, and emergency medical care as needed. Yes No

Parent signature: _____ Date: _____