PERMISSION FOR LOCAL FIELD TRIPS

Throughout the school year opportunities arise for local educational field trips. These trips are taken as a direct outgrowth of the classroom experience and under the supervision of a teacher and other school personnel. Also, there are occasions when your child’s school or Lynchburg City Schools plans an educational experience that requires that students be transported by bus to a near location within the city. The bus trips are also under the supervision of teachers and other school personnel.

No student may leave the school grounds for one of these field trip experiences without written permission from a parent or guardian. To simplify the communications process, please complete the section below and return it to your child’s school. Your signature will grant your permission for the child to take walking trips or school bus trips to a near location within the city and grant school personnel the authority to seek medical attention while on the field trip should a medical emergency occur. Such permission as described below will be effective for the academic year in which the form is signed. Parents will be notified in writing of dates and times of all local off campus field trips and given the opportunity to revoke permission on a trip by trip basis. Any non-local or local with-cost field trip will require a separate permission slip.

Field Trip Chaperones must be on the cleared/approved volunteer master list. If you want to be considered as a chaperone you must have your application in at least one week prior to the fieldtrip.

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PLEASE READ AND SIGN:

STUDENT’S NAME __________________________________________________________ GRADE__________

I, the undersigned parent/guardian of ______________________________________________, give permission for him/her to participate in the designated local field trip and do hereby grant permission for emergency medical assistance to be administered by a licensed physician or a hospital should such an emergency occur, and I cannot be notified. I also agree to pay the cost and expense so incurred, including ambulance transportation if necessary.

Signed_______________________________________
(Parent or Guardian)

Date_________________________________________