

SPARTANBURG COUNTY SCHOOL DISTRICT NO. 7
PARENT/GUARDIAN PERMISSION FORM FOR STUDENT FIELD TRIPS

Dear Parent/Guardian:

During the school year, _____ School will sponsor various field trips which will require that students leave the school campus. Field trips are instructional activities which relate to the school performance goals and to the curriculum for a particular subject area, club, or grade level. These trips must be requested by the sponsoring teacher(s) and approved by appropriate personnel prior to the date of the trip. Local, one-day trips are approved by the school principal; out-of-town, multiple-day trips are also approved by the Superintendent (or designee) and the Board of Trustees. Teachers sponsoring field trips are required to give careful attention to planning the trip and to providing adequate supervision for students. If the field trips involve a water activity, special procedures will be followed by the teacher, and you will be provided with a detailed description of the activities on the attached form.

Field trips requiring transportation will use state operated school buses, school activity buses, or other District-owned and operated vehicles, wherever possible. Although these vehicles are insured by the District, we strongly encourage parents to obtain either school or private insurance for the additional protection of their students. See your school principal for further information on school insurance.

Please complete the following information and return:

Please check the appropriate space indicating your decision regarding participation of your child in the field trip described on Form A or B. Also, if your child has special health or medical problems, please write a protocol for the care of your child on this trip.

_____ 1. _____ in grade _____
(Name of Student)

has my permission to participate in the field trip described on Form A or B, including any water activities listed. In the event that my child is injured or becomes ill during the trip, the school sponsor has my permission to obtain the best available medical attention for my child. I know of no reason why my child should not participate in the activities set forth on Form A or B.

Parent/Guardian signature _____
Date

Print Name _____

Address _____

Phone Numbers H _____ W _____

Other Contact _____

Address _____

Phone Numbers H _____ W _____

Student Allergies: _____

Student Medication: _____

Name of Insurance: _____ Policy # _____

_____ 2. _____ in grade _____
(Name of Student)

does not have my permission to participate in the field trip described on Form A or B.

Parent/Guardian signature _____
Date