

PERMISSION TO PARTICIPATE IN ONE DAY FIELD TRIPS Cher Name: Doemel/ Giel School Name: Lassiter High School

Teacher Name: Doemel/ Giel		Sch	ool Name:	Lassiter High School	
General Information					
Destination Site: Stars and Stri	kes 10010 GA Hw	vy 92, Woodstock, G	A		
Date(s) of Trip: 11 August 201	8 Depar	ture Time: 5:15	Appro	oximate Return Time:	parent pick-up at Stars and Strikes @ 8pm
Donation Requested per Stude \$	nt: \$21.00	Method of Tran	sportation:	Cobb County Busses	
Approximate Number of Partic	ipating: Student	s: <u>215</u>		Adult Supervisors:	10
Additional Teacher Comments	Woodstock. Price Please make pa (or siblings) ON	ce includes dinner, bo yments through your	owling, 2 hour Charms accust, with parer	om at Stars and Strike urs of video games, an ount. Students may on t permission. Please	nd transportation. drive themselves
Student Information					
Student Name:	Date of Birth:				
Address:	Home Phone:				
In case of emergency, notify:				Phone:	
Insurance Information					
			Group	Number:	
Medical Information Family Physician:				Phone:	
Immunizations:					
Does the student need to take medication?	medication?	Yes No If so, wha	it		
Previous operations or serious	illnesses:				
Special medical conditions:					
Allergies? Yes No l	f yes, please iden	tify allergy: Med	ication F	Food Stinging Ins	sects Other
Dietary Restrictions:					
Release					
The District does have an indemniplan covers some or all of the trip, and am encouraged to, purchase st through my own insurance carrier	the coverage amou tudent insurance co	ints may not cover all in	njuries. I unde	erstand that as a parent	I have the option of,
I (Parent/Guardian Name-PLEASE the field trip described above is no students choosing not to participa		hat a quality alternativ	e instructiona	acknowledge to a construction	that participation in ovided to those
I request that (Student's Name-PL	EASE PRINT):			be allowed to	participate in the
field trip described above and spe					
If any emergency medical procedu	ures or treatment a	re required during the	trip. I consent	to the trip supervisor(s) taking, arranging

for or consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless or reimburse the Cobb County School District (District), its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult trip supervisors ("District Indemnitees") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, the student or any other successor or assignee may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student's participation in the field trips, including but not limited any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by student if the student is 18 years of age or older.						
Name of Parent/Guardian (PLEASE PRINT)	Signature of Parent/Guardian	Date				