

PERMISSION TO PARTICIPATE IN ONE DAY FIELD TRIPS

Teacher Name: Doemel/ Giel School Name: Lassiter High School

General Information

Destination Site: Stars and Strikes 10010 GA Hwy 92, Woodstock, GADate(s) of Trip: 11 August 2018 Departure Time: 5:15 Approximate Return Time: parent pick-up at Stars and Strikes @ 8pmDonation Requested per Student: \$21.00 Method of Transportation: Cobb County Busses
\$ _____Approximate Number of Participating: Students: 215 Adult Supervisors: 10Additional Teacher Comments: Parents, please pick up your son/ daughter by 8pm at Stars and Strikes 10010 Hwy 92 Woodstock. Price includes dinner, bowling, 2 hours of video games, and transportation. Please make payments through your Charms account. Students may drive themselves (or siblings) ONLY to Stars and Strikes, with parent permission. Please indicate driving arrangements on the back of this form.

Student Information

Student Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

In case of emergency, notify: _____ Phone: _____

Insurance Information

Company Providing Insurance: _____ Policy Number: _____

Name of Insured: _____ Group Number: _____

Medical Information

Family Physician: _____ **Phone:** _____

Immunizations: _____

Does the student need to take medication? Yes No If so, what medication? _____

Previous operations or serious illnesses: _____

Special medical conditions: _____

Allergies? Yes No If yes, please identify allergy: Medication Food Stinging Insects Other

Please identify: _____

Dietary Restrictions: _____

Release

The District does have an indemnity plan pursuant to O.C.G.A. § 20-2-1090 that may or may not apply relative to the trip. Even if the plan covers some or all of the trip, the coverage amounts may not cover all injuries. I understand that as a parent I have the option of, and am encouraged to, purchase student insurance coverage either through the student accident insurance offered by the District or through my own insurance carrier.

I (Parent/Guardian Name-PLEASE PRINT): _____ acknowledge that participation in the field trip described above is not mandatory and that a quality alternative instructional experience will be provided to those students choosing not to participate.

I request that (Student's Name-PLEASE PRINT): _____ be allowed to participate in the field trip described above and specifically consent to his/her participation.

If any emergency medical procedures or treatment are 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.



