

# LCSS

## Field Trip Permission Form

4.302.3

1 Completion of this form is required for all field trips. The classroom teacher will collect and submit all  
2 permission forms to the office of the principal. The teacher shall also notify the office of the principal  
3 as to any students who did not return the form. I,

4 \_\_\_\_\_, give my permission for my son/daughter,  
5 \_\_\_\_\_, to attend a field trip to  
6 \_\_\_\_\_ in \_\_\_\_\_. I understand that he/she  
7 will be traveling by \_\_\_\_\_ and will leave the school around \_\_\_\_\_  
8 A.M. on \_\_\_\_\_ and will return around \_\_\_\_\_ P.M. on  
9 \_\_\_\_\_.

10 Please provide any relevant information that might be needed while your child is on the field trip:

11 \_\_\_\_\_  
12 \_\_\_\_\_  
13 \_\_\_\_\_

14  
15 I understand any misconduct will result in the same disciplinary action as if the incident occurred on  
16 school property. Also, I understand that my child is responsible for making up all work missed as a  
17 result of participating in this field trip.

18  
19 I understand that my child may be involved in activities that may be conducted and/or supervised by  
20 individuals other than employees of the Lawrence County School System. I understand that some of  
21 those activities may have the potential for causing physical harm to my child. \_\_\_\_\_ Initial

22  
23 **I DO HEREBY SPECIFICALLY AGREE TO HOLD HARMLESS AND INDEMNIFY THE**  
24 **LAWRENCE COUNTY SCHOOL SYSTEM, ITS STAFF AND EMPLOYEES, FROM ANY**  
25 **AND ALL CLAIMS WHICH MAY BE BROUGHT AGAINST THEM AS A RESULT OF ANY**  
26 **DAMAGE OR INJURIES SUFFERED BY MY CHILD AS A RESULT OF ANY ACTIVITY IN**  
27 **WHICH MY CHILD IS A PARTICIPANT AND OVER WHICH ANYONE OTHER THAN AN**  
28 **EMPLOYEE OF THE LAWRENCE COUNTY SCHOOL SYSTEM WAS DIRECTLY**  
29 **INVOLVED IN CONDUCTING AND/OR SUPERVISING SAID ACTIVITY.** \_\_\_\_\_ Initial

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

30 In case of any emergency, I may be reached at one of the telephone numbers below.

31 Name of Parent/Guardian: \_\_\_\_\_

32 Parent/Guardian Phone Number: \_\_\_\_\_

33 Alternate Emergency Contact Name: \_\_\_\_\_

34 Phone Number: \_\_\_\_\_