



2020-2021 FIELD TRIP PERMISSION FORM & MEDICAL RELEASE

The itinerary includes the following information:

Date: **The 2020-2021 School Year**

Destination: **Anywhere in Pitt County**

Method of Transportation: **JPII Buses**

Teachers/Chaperones: **JPII Faculty and Staff**

Name of Student _____

If you would like for your child to participate in this event, please complete, sign, and return the following statement of consent and liability. As parent, or legal guardian, you remain fully responsible for any legal responsibility that may result from personal actions taken by the named student.

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Signature of Parent/Legal Guardian

Date

In case of emergency, I give permission for _____ to be taken to a physician or hospital by either a parent or by school personnel. I understand that every effort will be made to contact me.

The above named student is covered by the following medical insurance:

Insurance Company _____ Group/Policy # _____

Allergies _____

Mother's Daytime Phone _____ Father's Daytime Phone _____

If parent's cannot be reached, please contact:

Name _____ Relationship _____

Phone _____

