



Revised June 2023 for HS

SARALAND CITY SCHOOLS

Parent/Guardian Field Trip Notice/Permission Form

Student Name:			NOTICE FEE (\$) AND PERMISSION FORM DUE SUBMISSION OF SIGNED FORM REQUIRED FOR STUDENT PARTICIPATION.
Teacher:	School:	Date:	
Trip destination:			
Departure location:		Time: <input type="checkbox"/> AM <input type="checkbox"/> PM on	
Return on (day) , (date) at		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Purpose of trip:			
Overnight trips <input type="checkbox"/> Itinerary attached <input type="checkbox"/> List of items needed attached			
Transportation <input type="checkbox"/> Saraland City Schools' bus <input type="checkbox"/> Commercial transportation <input type="checkbox"/> Other Lunch <input type="checkbox"/> will be provided. <input type="checkbox"/> will not be provided. Chaperones <input type="checkbox"/> are needed. <input type="checkbox"/> are not needed. Additional trip information:			

Sign and return form to the school

Parent/Guardian Acknowledgement _____ has my approval to participate in the field trip described above. I understand and agree that school officials and/or chaperones will not be held liable for any accidents or injuries that might occur during the field trip. I also understand that field trip fees are based upon ticket and transportation costs. Reservations are made and tickets are purchased in advance of trip. A refund may not be possible.	
_____ Parent/Guardian Signature of Approval	_____ Date
Parent /Guardian _____ Cell# () - Work # () -	
Emergency Contact _____ Cell# () - Work # () -	
Medical Information In the event of an accident or illness, I understand that reasonable effort will be made to contact parent/guardian immediately. However, if unavailable, I authorize the school district to secure emergency medical care as needed. The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc). _____ The following medications, prescriptions, or special diets are needed: _____ _____	

For trips off campus during lunch ☐ I request a bag lunch be provided for my child (cost based on student lunch eligibility status).

☐ I will provide a bag lunch for my child.

Chaperones ☐ I am interested in serving as a chaperone.

Note: Approved chaperones are required to adhere to Saraland City Schools' policies for drug free, smoke free and weapon free campuses. Field trips are enrichment activities provided to school-age students as members of a participating class or group.

TEACHER PERMISSION

Any teacher may deny permission if a student does not have a passing grade, has excessive absences, has a test or major assignment on the day of the excursion, or has discipline issues.

1 st Block _____	Course Grade: _____	UA _____	Permission Granted: _____	Denied _____
2 nd Block _____	Course Grade: _____	UA _____	Permission Granted: _____	Denied _____
3 rd Block _____	Course Grade: _____	UA _____	Permission Granted: _____	Denied _____
4 th Block _____	Course Grade: _____	UA _____	Permission Granted: _____	Denied _____

(Teacher/Course)