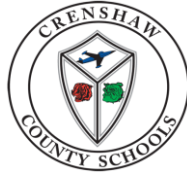


**CRENSHAW COUNTY SCHOOLS  
FIELD TRIP PERMISSION FORM**



I, \_\_\_\_\_  
Mother/Father/Guardian (Circle One)

hereby grant permission for my child, \_\_\_\_\_

to go on the trip to \_\_\_\_\_

TIME AND DATE OF DEPARTURE: \_\_\_\_\_  
(Time) (Date)

ESTIMATED TIME AND DATE OF RETURN: \_\_\_\_\_  
(Time) (Date)

METHOD OF TRANSPORTATION: \_\_\_\_\_

TEACHER OR CLASS: \_\_\_\_\_

COST TO STUDENT (If Any): \_\_\_\_\_

In granting this permission I hereby expressly waive my claim for liability against Crenshaw County Schools, the Board of Education, its employees and representatives, and release them from all liability in connection with this trip.

Further, I assume full responsibility for any damage to persons or property caused by my child or ward. I further expressly agree that in the event disciplinary action is necessary, my child or ward may be returned to me at my expense.

Further, in case of injury or emergency to my child or ward, I hereby authorize any employee or representative of the Board of Education to act in the best interest of my child. I further consent to and will be financially responsible for any medical or dental treatment that may be provided at the discretion of any physician or dentist. I understand that I will be personally notified if it becomes necessary for my child or ward to be returned home and/or require health treatment.

It is agreed that if this CONSENT FORM is signed by one parent or guardian, it is with the authority and agreement of the other.

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

\_\_\_\_\_  
Date

**FIELD TRIP REQUEST FORM**



Teacher Making Request: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature (if required)

\_\_\_\_\_  
Date