



CABELL MIDLAND HIGH SCHOOL
FIELD TRIP PERMISSION / RELEASE

Permission is requested for your child (student) to go on a field trip. To give permission for your child (student) to attend this field trip complete the information in Section II. Return the completed **FIELD TRIP PERMISSION** to the teacher named below along with payment* if there is a charge. If this **FIELD TRIP PERMISSION** is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign in feasible.

SECTION I—TRIP INFORMATION

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|---|--|--|--|
| NAME OF CMHS ORGANIZATION _____ | | SPONSOR _____ | |
| SPONSOR TELEPHONE NUMBER _____ | | DESTINATION _____ | |
| TRIP DURATION: NUMBER OF DAYS _____ | | NIGHTS _____ OVERNIGHT TRIP* _____ | |
| DATE OF DEPARTURE _____ | | TIME OF DEPARTURE _____ AM _____ PM _____ | |
| DATE OF RETURN _____ | | TIME OF RETURN _____ AM _____ PM _____ | |
| DESTINATION _____ | | IN COUNTY _____ OUT OF COUNTY _____ OUT OF STATE _____ | |
| COST PER STUDENT ** _____ | | NUMBER OF CHAPERONES : MALE _____ FEMALE _____ | |
| METHODS OF TRAVEL (CHECK ALL THAT APPLY) _____ SCHOOL BUS _____ PRIVATE CHARTER BUS _____ WALKING _____ | | | |
| _____ PRIVATE VEHICLE** DRIVER _____ ADULT _____ STUDENT _____ | | | |
| PURPOSE OF TRIP: _____ | | COST PER STUDENT*** _____ | |
| DESCRIPTION OF SUPERVISION + _____ | | | |

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 Plan.

*In the event of an overnight trip, students may not be supervised while in assigned rooms.

**Each person transporting the students in a private vehicle must show proof of current automobile liability Insurance to the school principal and to the parents/guardians of the student traveling in the vehicle Upon request. Volunteer drivers are required to carry minimum insurance requirements as specified in WV State Law and also complete the *Cabell County Schools School Volunteer Application*.

***No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No Student shall be denied the right to participate for failure to pay for the field trip. The principal may forgo a planned activity or use of a particular item based upon the collection insufficient funds to cover the cost of the item or activity. This request is for a voluntary payment.

+ Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II—PARENT/LEGAL GUARDIAN APPROVAL

| | | | |
|---|--|---------------------------------------|--|
| NAME OF STUDENT _____ | | PARENT/GUARDIAN _____ | |
| HOME PHONE _____ | | CELL PHONE _____ BUSINESS PHONE _____ | |
| ADDITIONAL EMERGENCY PHONE _____ | | PHYSICIAN NAME & NUMBER _____ | |
| ADDITIONAL STUDENT INFORMATION (ALLERGIES, MEDICATIONS, ETC. BE SPECIFIC) _____ | | | |

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards, and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. I agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages, and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Parent /Guardian Signature _____ Student Signature _____

Parent/Guardian Signature _____ Date _____