PINELLAS COUNTY SCHOOLS
FIELD TRIP/ACTIVITIES PERMISSION FORM

School East Lake High School

I (We) hereby grant permission for _____ to participate
Student Name

in a field trip/activity to 2011 ELHS Marching Band Activities on June 2011 - Dec. 2011
Location Date

and to make authorized or emergency stops as necessary.

Students will be traveling in the following manner:

X Walking
X School Bus
X Private Passenger Vehicle
X Rental Vehicle
X Commercial Transportation Carrier
__ Other_____

(Parents of high school students are reminded that trips in private passenger vehicles sometimes involve the use of school age drivers)

Time of Departure (Approx.) Various Time of Return (Approx.) Various

1) I authorize school representatives to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment.

2) I understand that the trained school employee who usually dispenses medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.

3) I have documented below all precautions/instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

_____

_____

_____

4) All provisions of the student code of conduct apply to field trips and activities. To ensure student safety and compliance with the student code, I agree that my child's luggage, belongings, and rooms (where applicable) may be randomly searched for contraband.

If the field trip is to the 4th grade Environmental Education Program, please complete the following:
Your child will have the opportunity to touch and hold captive animals in the environmental classroom during this field trip. You must check the appropriate space below in order for your child to touch and hold captive animals.

__ **YES**, my child may touch and hold the animals. __ **NO**, my child may **NOT** touch and hold the animals.

Signature of Parent/Guardian	Phone (Home)	Phone (Work)	Phone (Cell)

Alternate Emergency Contact	Phone (Home)	Phone (Work)	Phone (Cell)

_____
Date

PCS Form 3-2718 (Rev. 10/10)
Review Date 10/11

Category Y