PINELLAS COUNTY SCHOOLS FIELD TRIP/ACTIVITIES PERMISSION FORM



School				
l (We) herek	by grant permission for	Student	Name	to participate
in a field trip	p/activity to	Location	on _	Date
		ncy stops as necessary.		
Students will be	e traveling in the followi	ng manner:		
Walking	School Bus	Commercial Carrier Bus	Rental Vehicle (Aut	o, Mini Van)
Private Pass	senger Vehicle with	District Employee Driver	Volunteer Driver	Student Driver*
Fime of Departu	ure (Approximate)	Time of F	Return (Approximate)	
		to obtain medical treatment for m agree to pay for such treatment		equired emergency transportation, in
		ol employee who usually disper responsible staff member.	ises medications may or	may not be present during this trip
	mented below all prec r allergies regarding m		iy child's medication. I ha	ave noted any special health-related
				ident safety and compliance with the period of the safety and compliance with the searched for contrabance of the searched for
animals, ple Your child wi	ase complete the fol	-		tunity to touch and hold Please check one space below
YES , my	child may touch and	hold the animals NO , my	child may NOT touch an	d hold the animals.
	o time students may b only with administrativ	e allowed to drive other student e approval.	s to and from field trips c	or activities on a case-by-case
I agree	/I do not agree	(check one) to allow my child t	o ride with another stude	ent.
Signature of Pare	ent/Guardian	Phone (Home)	Phone (Work	<) Phone (Cell)
Alternate Emerge	ency Contact	Phone (Home)	Phone (Work	<) Phone (Cell)