## School District FIELD TRIP AUTHORIZATION FORM

(Travel by school bus)

I/We,	, are the lawful parents or	r guardians of
, st	udent(s) in the School	District. I/We
	(ren) to participate in a field trip to	
	in, Georgia on the	ne day of
, 20 for 1	he purpose of	
	. We specifically grant permission for our stud	lent(s) to travel
by a school bus driven by a bus driver er	nployed by the District.	
We consent to our child(ren)'s p	articipation in the activities described above. V	We know of no
restrictions on our child(ren)'s ability to	participate except as follows:	
I/We understand that my/our cl	nild(ren) will be subject on this trip to any a	
disciplinary rules and the Student Code	of Conduct to which they are subject during t	he school day.
We further understand that during this	s trip our child(ren) will be subject to the su	upervision and
direction of those adults who accompany	the students from or on behalf of the School Di	strict.
assume any liability for damages, losse student participating in this trip. We u	Education, its officers, employees and agents es, or injuries to the above-named student as an aderstand that unless we have purchased school overage for injuries to our child(ren), there may be a juries, losses or damages on this trip.	a result of the ol insurance or
any medical needs of my/our child(ren)	e responsibility for informing appropriate District and authorize the District personnel or other elieve necessary for my/our child(ren) until suc	chaperones to
I/We have fully read and fully un	derstand the contents of this form.	
Date	Signature of Parent/Guardian	
Emergency Phone Number	Home Phone Number	<del></del>

NOTE: Some events may require a fee for admission. (We do not accept personal checks for any fie	ld
trips. No child will be denied the participation of the field trip due to inability to pay the fee.)	
The cost for this field trip is \$	