BRUNSWICK COUNTY SCHOOLS FIELD TRIP PERMISSION/INFORMATION FORM

SCHOOL: **South Brunswick High School**

A field trip has been planned that will serve as an enrichment experience for those students participating. The trip will serve as a preparatory/follow-up activity to enrich a regularly scheduled part of the instructional program. Students will not be allowed to make the trip unless permission is granted. The school system is responsible for students based on the laws of the state of North Carolina. In the event that an accident happens, medical assistance should be sought immediately. The parent/guardian will be contacted, and medical charges will be assigned to the parent/guardian. The behavior of our students as it relates to a field trip is of critical importance. Students are always expected to be on their best behavior. Regrettably, inappropriate behavior can result in disciplinary action, including extreme cases being returned home separately at the parent’s expense.

THE FOLLOWING DETAILS ARE PROVIDED FOR YOUR INFORMATION:

DESTINATION: **SB Middle, Bolivia Elementary, Southport Elementary**

**ALL SENIORS & MARSHALS MUST RIDE THE BUS. NO EXCEPTIONS!!**

TEACHER: **Mary C. Johnson**

DEPARTURE DATE: **April 30, 2021** TIME: **8:20 a.m.**

RETURN DATE: **April 30, 2021** TIME: **12:30 p.m.**

$ **0.00** COST OF FIELD TRIP PAYMENT DUE: **N/A**

PLEASE CHOOSE ONE:

\_\_\_\_\_\_ My child will be bringing a lunch from home

\_\_\_\_\_\_ My child will eat at the senior picnic. **No charge** (Hamburgers, hot dogs, chips, cookies, drinks in the stadium)

PARENT FIELD TRIP CONSENT: I hereby certify that **(Student’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** has **permission to participate in the field trip , and release from school after the picnic**, according to the policies and provisions as stated above. In the event of an accident or medical emergency, I authorize the supervising teachers to seek medical assistance, and I will assume responsibility for all expenses.

I AUTHORIZE THE FOLLOWING REGARDING MEDICATIONS:

\_\_\_\_\_\_ None to be taken

\_\_\_\_\_\_ Authorized per existing “Authorization of Medication for a Student at School” form.

**PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(NOTE: If a parent/guardian intends to chaperone on a field trip, they must have a clear background check with

Brunswick County Schools within one year prior to the field trip. Parents without a clear background check will not be

able to attend the field trip.)

Revised 07/26/2017

**Please return this form to Mrs. Johnson, room 247, by April 26, 2021.**