

EXHIBIT 9.404-B
PITT COUNTY SCHOOLS
PARENT/GUARDIAN PERMISSION FORM FOR FIELD TRIP

As parent/guardian of _____, I give permission for
(name of student)

his/her participation in the _____ sponsored field trip on
(school)

December 14th, 2018

_____. The itinerary includes the following:

Departure _____ a.m./p.m. Return _____ a.m./p.m.
(date) 8:30 1:00 p.m.

Destination _____

Total cost to student _____

Place of lodging (if overnight) _____

Rules and regulations governing the trip are attached.

In case of emergency please contact:

Parent/guardian: _____ Address: _____
Phone number: _____ Work phone: _____

If parents cannot be reached please contact:

Name: _____ Relationship: _____
Phone number: _____ Work phone: _____

Teacher(s)/chaperones(s) involved:

Kim Daniels and Natalie Evans

Comments:

Signed: _____
(parent/guardian)

Date: _____

PITT COUNTY SCHOOLS
MEDICAL AUTHORIZATION FOR FIELD TRIPS

I understand that the school will provide adult supervision and take reasonable precautions to provide a safe environment for students on field trips. I also recognize that there are risks to travel and Pitt County Schools cannot guarantee my child's safety.

If there is an accident or injury that results in a medical emergency affecting my child while on a field trip, and school personnel are unable to reach me to give permission for treatment, I, the parent/guardian of _____, a student at D. H. Conley High School, do hereby grant permission to the adults supervising the school field trip, or to any licensed hospital or physician, to authorize emergency medical treatment for my child during said field trip. I agree to hold the responsible party who grants such permission harmless for that act and hereby release that individual from any liability in connection with granting permission for treatment.

I also specifically inform Pitt County Schools and the responsible adults participating in the field trip that my/our child, _____, has the following special medical needs (list medical problems or conditions, allergies, etc.): _____

My child needs the following medications, prescriptions, or special diet:

In connection with the above specific needs, we will furnish in writing from our child's personal physician all necessary information regarding any special medical needs or conditions that our child may have, together with instruction for appropriately dealing with such needs or conditions, to the adults supervising the field trip.

I acknowledge that I have carefully read the foregoing medical authorization and know that it applies to all field trips taken during the _____ - _____ school year, and I sign this as my own free act.

Parent/guardian signature

Date

Parent/guardian signature

Date

Student signature (if 18 or older)

Date

Name and telephone number of health insurance company, if any: _____
