

# Student Field Trip Permission

Student Name: \_\_\_\_\_

Cost to Student: None

Permission Form and Payment Deadline: 10/08/2019

Club/Class/Group: Great Explorations

Responsible Faculty/Staff Attendee: Dr. Denisha Bonds

Field Trip Destination, City, State: IRSC Main Campus, 3209 Virginia Avenue, Fort Pierce, FL

Departure Date: 11/1/2019

Departure Time: 7:00 a.m.

Return Date: 11/1/2019

Return Time: 2:00 p.m.

Other information: NA

Method of Transportation:  MCSD Bus  MCSD Van  Charter Bus  Parent provided transportation

Other (explain): \_\_\_\_\_

**A student's teachers must complete this section for events occurring DURING THE SCHOOL DAY:**

CLASS	GRADE	ABSENCES	TEACHER SIGNATURE (Comments)
1.			
2.			
3.			
4.			
5.			
6.			

In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:

- Physical problems or limitations: \_\_\_\_\_
- Current Medication \_\_\_\_\_
- Drugs or other allergies \_\_\_\_\_
- Name and phone # of physician \_\_\_\_\_
- Student medical/liability insurance \_\_\_\_\_
- Name and phone # where parent may be reached \_\_\_\_\_
- Student cell phone number \_\_\_\_\_

I understand I am only permitted to participate in school approved activities that occur during school hours if I am maintaining a 2.0 or higher cumulative GPA and have satisfactory attendance. I understand it is my responsibility to make up all work missed during my absence. I will abide by all of the rules and policies stated in the Student Code of Conduct during this event/trip.

This event requires students to have received **NO DISCIPLINE REFERRALS OR ATTENDANCE DISCIPLINE IN 45 DAYS PRIOR TO THE FIELD TRIP**

Other: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

The above named student has my permission to participate in this field trip activity.

1. As the parent or legal guardian of the above named student, I am authorized to sign this permission form.
2. I agree to release the Clark Advanced Learning Center and its representatives from any claim for personal injury or damages resulting from my student's participation in educational field trip activities.
3. I understand that in the event of an emergency or medical need, I give my permission to have my child receive medical treatment by the best means available.
4. I agree that my child will abide by all of the rules and policies stated in the Student Code of Conduct during this event/trip.
5. I understand the activity, understand this permission form, and give my permission for my child's participation.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Photo Release for IRSC**

I \_\_\_\_\_ guardian/parent of the above stated, give my permission for Indian River State College to use my child image(s)/photo(s)/video(s) for promotional purposes and hold IRSC harmless from any liability associated with its use.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date