



FIELD TRIP PERMISSION SLIP

The _____ class has arranged for an approved
field trip to _____
on _____
Depart school _____ AM/PM Return to school _____ AM/PM

Student's Signature _____

Parent's Signature _____

Please note:

- Students may not be transported in personal vehicles.
- Only school personnel may drive the school vehicles.
- Any parent chaperoning an overnight trip must be fingerprinted and cleared through the District prior to the field trip. Chaperones for local trips must be cleared and approved through the Raptor system. Please see the front office for details.
- Parents volunteering as chaperones must arrange for separate care of all siblings during the time of the trip.
- Only students registered in the class may accompany a group on a field trip.
- Administration reserves the right to prohibit students from participating due to poor academic status.
- Students with an outstanding fee balance or service hour probationary status are not permitted to attend field trips.

Consent Form, Release and Understanding of Risk

We, the undersigned parents (or guardians), wish to allow our child, _____,
(Name of Child)

to participate in a field trip to _____
(Destination)

On _____

We understand that the trip includes travel on a bus. We understand that our child should take care to avoid injury of any kind. Our child is physically able to participate in the activities described above. We release, give up and waive any claim for any property loss or damage and injury, illness or death that may happen to our child, directly or indirectly, which may arise from participation of our child in the trip, and we will not hold the State of Florida, the Board of Regents, Florida Atlantic University, and the School (including any of the agents or employees of the foregoing) liable or responsible in any way for any such loss, damage or injury, illness or death. In exchange for this release and waiver, our child is being granted permission to participate in the trip. We understand the meaning of this release and waiver and we are signing it knowingly, freely, and voluntarily.

PRINT NAMES OF PARENTS (OR GUARDIANS) OF CHILD

SIGNATURES OF PARENTS (OR GUARDIANS) OF CHILD

Date: _____



MEDICAL CONSENT AND RELEASE FORM

This form will serve as authorization for Franklin Academy personnel to obtain emergency medical assistance for my child in my absence. In the event hospitalization is required, I hereby consent to and authorize treatment deemed necessary by the attending physician.

STUDENT'S NAME

SIGNATURE OF PARENT OR LEGAL GUARDIAN

EMERGENCY PHONE # (S)

DATE

LIST ANY KNOWN ALLERGIES: _____

LIST ANY KNOWN ALLERGIES TO MEDICATION: _____

Approved Field Trip to: _____

Date(s) _____ Teacher(s) in charge _____

Teacher in charge – take this slip on the trip.