

PINELLAS COUNTY SCHOOLS  
FIELD TRIP/ACTIVITIES PERMISSION FORM



School \_\_\_\_\_

I (We) hereby grant permission for \_\_\_\_\_ to participate  
Student Name  
in a field trip/activity to \_\_\_\_\_ on \_\_\_\_\_  
Location Date  
and to make authorized or emergency stops as necessary.

Students will be traveling in the following manner:

- Walking
- School Bus
- Private Passenger Vehicle
- Rental Vehicle
- Commercial Transportation Carrier
- Other \_\_\_\_\_

**(Parents of high school students are reminded that trips in private passenger vehicles sometimes involve the use of school age drivers)**

Time of Departure (Approx.) \_\_\_\_\_ Time of Return (Approx.) \_\_\_\_\_

- 1) I authorize school representatives to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment.
- 2) I understand that the trained school employee who usually dispenses medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.
- 3) I have documented below all precautions/instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) All provisions of the student code of conduct apply to field trips and activities. To ensure student safety and compliance with the student code, I agree that my child's luggage, belongings, and rooms (where applicable) may be randomly searched for contraband.

\_\_\_\_\_  
Signature of Parent/Guardian Phone (Home) Phone (Work) Date

\_\_\_\_\_  
Alternate Emergency Contact Phone (Home) Phone (Work)