

## CTE Field Trip Permission Form—Side A

*Completion of this side is required for all trips.*

I, \_\_\_\_\_, do hereby give my permission for my son/daughter, \_\_\_\_\_, to attend a field trip to Tennessee FFA Leadership Training Camp at Camp Clements in Doyle Tennessee I understand that he/she will be traveling by vehicle and will leave the high school around 8:00 am on 7-14-2014 and return around 4:00 pm on 7-18-2014.

Other trips requirements: \_\_\_\_\_

I understand any misconduct will result in the same disciplinary action as if the incident occurred on school property. Also, I understand that my child is responsible for making up all work missed as a result of participating in this field trip. In case of any emergency, I may be reached at one of the telephone numbers below.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Relationship to Student)

\_\_\_\_\_  
(Date)

Parent Phone # \_\_\_\_\_ Another Emergency Contact # \_\_\_\_\_

### **SPECIAL NOTICE TO TEACHERS**

Going on a field trip is a privilege and the students go as representatives of their high school; therefore, all students going on the field trip must be in good standing with the school. EACH TEACHER is asked to sign below to indicate that this student has acceptable conduct, passing grades, and satisfactory attendance in your class. If you cannot sign, please indicate the problem so that the sponsoring teacher and administration can determine the student's eligibility to participate.

	<i>Course</i>	<i>Teacher's Signature if in Good Standing</i>	<i>Date</i>	<i>Problems (if any)</i>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				

I have cleared this trip with all my teachers and have obtained my assignments that will be missed or I have made arrangements to make up my work.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's Signature)

This student is in good standing with the school and has been approved to participate in the above field trip.

Adviser's Signature—	Date—
School Official's Signature—	Date—

## CTE Medical Treatment Permission & Parental Release Form—Side B

*Completion of this side is required if the trip is overnight, out-of-state, or more than 100 miles from school.*

I, \_\_\_\_\_, \_\_\_\_\_ of  
(Parent or Guardian's Name) (Relation to Student)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Student's Name) (Age) (Student Cell Phone #)

of \_\_\_\_\_  
(Complete Home Address, including Zip Code)

\_\_\_\_\_, hereby authorize in advance any necessary medical treatment  
(Work Phone Number) (Home and/or Cell Number)

of \_\_\_\_\_ while he/she is absent from home \_\_\_\_\_  
(Student's Name) (Dates)

In the event where the parent cannot be reached, please contact:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Local Family Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Last Tetanus Toxin (Year) \_\_\_\_\_ Allergic to any medications? \_\_\_\_\_

Taking any current medications? \_\_\_\_\_

Present medical conditions? \_\_\_\_\_

Past serious illness or injury? \_\_\_\_\_

Parents'/Guardians' Insurance Company \_\_\_\_\_ -attach a copy of insurance card-

Co. Address \_\_\_\_\_ Policy No. or Group No. \_\_\_\_\_

Parent's place of employment \_\_\_\_\_

My son or daughter will be participating in the \_\_\_\_\_ (event)

with \_\_\_\_\_ and \_\_\_\_\_  
(Local Group/Chapter Name) (Supervising Adults/Advisers)

As with all such conferences, there is the possibility that our son/daughter will have the opportunity to go swimming, go on sightseeing tours, shop, or participate in similar activities. I hereby give permission for my son/daughter to participate in these related activities. I am very aware that my child may not always be escorted by a chaperone, but he/she should always be with other students from our chapter (never alone) and only in locations approved by the adviser.

I have read and agree to abide by the rules and regulations. I also agree that the school officials, the chapter advisers and the state staff have the right to send him/her home from the activity at my (the parent's) expense, provided that he/she has violated the rules or his/her conduct has become a detriment. In addition, I agree to release the Department of Education, Lauderdale County Schools, and the local, state and national associations of the career-technical student organization, \_\_\_\_\_, their representatives, agents, servants, and employees from liability for any injury to said student, resulting from any cause whatsoever occurring to said child at any time while attending the \_\_\_\_\_ (event) in \_\_\_\_\_ (location). ***If this is an overnight event, I have met with my child's adviser and received copies of the trip itinerary, student conduct rules, and monetary responsibilities of the student.***

\_\_\_\_\_  
(Signature of parent or legal guardian) (Relationship to Student) (Date)