

UNIT

10

HAMILTON COUNTY
COMMUNITY DISTRICT #10
FIELD TRIPS AND EXCURSIONS
(Student – Parent Form)

Group: _____

Field Trip Date: _____

Destination: _____

Staff Member in charge: _____

Departure Date/Time _____

Est. Return Date/Time: _____

Return signed portion below by _____
(due date)

PUPIL AGREEMENT

While participating in the _____ field trip to _____
(group) (destination)
on _____, I will accept the responsibility for maintaining good conduct and
(field trip date)
appearance, and I will follow directions at all times.

Date

Student's Signature

PARENT PERMISSION

I give my permission for my child to participate in the above named field trip. I understand that the school will provide supervision for the trip. No special insurance is provided by the School Board; however the school-time accident insurance taken by many pupils and the standard liability insurance on school busses will apply to this activity. In case of an emergency, I give my permission for the above named student to be given emergency medical treatment.

Date

Parent's Signature