**WASHINGTON COUNTY**

**DEPARTMENT OF EDUCATION**



**PARENTAL CONSENT FORM FOR FIELD TRIP**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to participate in

an off-campus field trip with \_\_David Crockett FFA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to (destination) \_\_FFA Leadership Camp at Walden Lodge, Sevierville, TN\_\_\_.

The teacher(s) responsible is \_\_\_ Ryan Arnett, Josh Conger\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The students will depart from \_DCHS on Monday, June 27\_\_ at \_8:30 am\_\_\_\_\_

and will return to \_\_DCHS on Thursday, June 30\_\_\_\_\_\_\_\_\_\_\_ at \_approx 2-3 pm.

Transportation will be \_\_vans\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Student expenses are estimated at \_see info sheet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*I give my consent for the above mentioned child to participate in the activity as noted. I understand that all policies of the Washington County Board of Education are in effect during the trip, just as if the student were in the classroom.*

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

Signature of parent/guardian

 **HEALTH FORM FOR OVERNIGHT TRIPS**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_

In Emergency, notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past illnesses: (Please check, giving approximate date, if possible)**

Frequent colds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kidney Problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chicken pox \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ frequent sore throat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heart trouble \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ German measles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sinusitis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rheumatic fever \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mumps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Abscessed ears \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Convulsions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scarlet fever \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bronchitis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuberculosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Polio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asthma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Whooping cough \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stomach upsets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Sickness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please specify ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Penicillin or other drug reactions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***In case of surgical emergency, I hereby give permission to the physician selected by the chaperone to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.***

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian

**Hospitalization Insurance:**

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_