

\*\*FRONT & BACK OF THE FORM MUST BE SIGNED IN ORDER FOR STUDENT TO PARTICIPATE\*\*

DURHAM PUBLIC SCHOOLS  
PERMISSION TO PARTICIPATE IN FIELDTRIP

School: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. TRIP OR ACTIVITY PLANNED:
  - a. Description of trip: NC A & T, UNC Greensboro College Tour
  - b. Date/Time/Location of Departure: April 9, 2024/8:30AM/ SCS
  - c. Date/Time/Location of Return: April 9, 2024/3:00PM/SCS
  - d. Mode of Transportation: Activity Bus Student Cost: \$21.10
2. SUPERVISION: (Describe the supervision to be provided throughout the trip) School Counselor, Teacher
3. TRANSPORTATION: (Describe the methods students will be transported) Activity Bus

REQUIREMENTS:(Describe any special requirements which are imposed on students who participate, including bringing certain items on the trip i.e. life jacket) Dress comfortable (this is a walking tour), Bring money to purchase lunch

4. EXPECTATIONS AND INSTRUCTIONS: I understand the student is expected, and the student has been instructed by me:
  - a. To follow instructions given by supervisors.
  - b. Not to leave or separate from the group without appropriate authorization from a supervisor.
  - c. To comply with all laws and ordinances, including but not limited to those pertaining to prohibiting the possession or use of drugs or alcohol. *POSSESSION OR USE OF DRUGS OR ALCOHOL IS ABSOLUTELY PROHIBITED.*
  - d. Not to enter the lodging accommodations of any other student unless with the permission of the occupants and only of the same sex.
  - e. To follow all school rules although away from school as they are considered applicable during the trip.
  - f. To confirm with casual and customary standards of good citizenship, good decorum, and common courtesy.
  - g. Describe other expectations and instructions. If there are unique dangers, mention the dangers. \_\_\_\_\_

In the event any of the above expectations or instructions are violated, the students participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed

5. INSURANCE: I understand that the Board of Education does not or may not carry any insurance relative to the trip or for injuries to the student. I represent that the student has insurance either through the Board's student insurance program or through my own insurance carrier.
6. ACCOMMODATIONS: If the student is disabled or requires special accommodations, information concerning those accommodations is attached.

I request that the above-named student be allowed to participate in the trip planned and specifically consent to the student's participation.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisors taking, arranging for and consenting to the procedures or treatment at the supervisor's discretion. I will pay the costs of any such medical procedures or treatment.

To the maximum extent permitted by law, I release and waive, and further agree to indemnify, hold harmless or reimburse the Durham Public Schools Board of Education, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against any claim in which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, any losses, damages or injuries arising out of, during or in connection with the students participation in the field trip and related activities or the rendering of emergency medical procedures or treatment if any.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

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**DURHAM PUBLIC SCHOOLS  
MEDICAL PERMISSION FORM**  
*(Teacher must take this form on the trip)*

STUDENT: \_\_\_\_\_ DATE OF TRIP: \_\_\_\_\_

Permission is hereby granted to Durham Public Schools and its authorized representatives, in the unlikely event they are needed, to initiate emergency medical and rehabilitation treatment of injuries, and authorize any needed medical services including, but not limited to, minor surgical treatment, x-rays, authorized medicines and shots, examination by qualified medical personnel. In the event of a serious illness or injury, and/or major medical treatment is required, I understand that every attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is unable to contact me, and the medical treatment is in the best interest of my child, then I give permission for the treatment.

My child will need the following medications taken on the trip:

\_\_\_\_\_

\_\_\_\_\_

My child has the following medical conditions that need to be monitored:

\_\_\_\_\_

\_\_\_\_\_

Primary medical contact and emergency phone numbers:

\_\_\_\_\_

\_\_\_\_\_

Secondary medical contact and emergency phone numbers:

\_\_\_\_\_

\_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_