



Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए नि:शुल्क अनुवाद सेवाएँ चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

**PARENTAL CONSENT AND STUDENT MEDICAL INFORMATION FOR SCHOOL TRIPS**

- BY SIGNING THIS CONSENT FORM, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION BELOW AND THAT ANY INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
- I ASSUME RESPONSIBILITY FOR CONTACTING Mrs. Cline/Mr. Bechard (TEACHER/SPONSOR) IF THERE IS ANY CHANGE TO MY CHILD'S MEDICATIONS, NEED FOR MEDICAL ASSISTANCE, OR MEDICAL CONDITION AFTER I COMPLETE THE HEALTH INFORMATION ON THE BACK OF THIS FORM
- IF THIS FORM IS NOT COMPLETED AND RETURNED BY September 16, 2019 (DATE MM/DD/YYYY), THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL IN A SUPERVISED ACTIVITY

School Holly Grove Middle School Name of Teacher/Sponsor Track 2 & 3 Teachers

TRIP/ACTIVITY PLANNED	DATE(S) OF TRIP/ACTIVITY*	PURPOSE OF TRIP/ACTIVITY	TRANSPORTATION (WCPSS Vehicle, Charter Bus/Contract Vehicle, Privately-owned Vehicle**)
Discovery Place Science Museum/zMax Dragway	Thursday, March 12, 2019	7th grade field trip	Charter Bus

\*Attached is an itinerary that includes the place or places to be visited, a daily schedule of activities, and the dates, times, and places of departure and return

\*\* When privately-owned vehicles are used for transporting students, only the vehicle owner's liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by Wake County Public School System, the school system vehicle liability coverage is applicable to any vehicular accident.

**Changes/Cancellations**

I understand school trips may be canceled when necessary by the principal, superintendent, or board of education. The school system cannot guarantee reimbursement when such cancellations occur. Parents/guardians will be notified of any significant change in plans prior to the school trip.

**Expectations and Instructions**

I understand the following is expected of the student:

- To follow instructions given by the teachers/chaperones.
- Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
- Comply with all school and district policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to school disciplinary consequences.

**Insurance Coverage**

I represent that the student has insurance either through the school system's student insurance program or through my own insurance carrier.

I request that \_\_\_\_\_ (student) be allowed to participate in the trip and/or activity planned and, recognizing the risks inherent in the trip and/or activity planned, specifically consent to the student's participation. In the event of an accident or a medical emergency, I authorize school officials to seek and consent to emergency medical assistance on the student's behalf. I will assume responsibility for all expenses. I understand that school officials will use the contact information provided below to attempt to contact me in the event of such accident or emergency.

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

*This form must be kept with school officials at all times during the school trip.*