

**Wayne County School District
Activity Trip Permission Form**

The Administrator and Faculties of _____ School of the Wayne County School District are dedicated to providing students with learning experiences, both on and off school campuses. In order to providing the off campus experiences, it will be necessary for each student's parent or guardian to give permission.

All off campus trips or experiences will be chaperoned by faculty members assigned by the school administration. The students participating in the activity will be responsible to that faculty member at all times. This will include travel to and from the activity as well as the time off campus.

In order to prevent any confusion concerning policy, while participating at off campus activities, both the parents and students are reminded that all policies and procedures of the Wayne County School District, as stated in the student handbook, will be applicable while traveling to and from as well as during the activity.

In the event to student becomes ill or is injured to parent or guardian gives the chaperone the authority to seek medical help. The Wayne County School District, the _____ School, administration, nor the chaperone will be responsible for any cost or expenses, if this should become necessary.

If you agree with above statement please complete the following:

Your Child _____, grade _____, wishes to participate in the following activity.

Activity: _____ Date/Dates _____

Location: _____ Method of Transportation _____

Departure Time: _____ Return Time: _____

PERSONS TO NOTIFY IN CASE OF EMERGENCY:

Father: _____ Home Phone _____ Cell Phone _____ Work Phone _____

Mother: _____ Home Phone _____ Cell Phone _____ Work Phone _____

Other: _____ Home Phone _____ Cell Phone _____ Work Phone _____

List any medication your child is to take:

Insurance Company and Policy Number: _____

Please sign below if you agree for child to participate in the above mentioned trip:

Parent's Signature _____ Date: _____

Address: _____

Student's Signature _____ Date: _____