



**HENRY COUNTY SCHOOLS
NON ATHLETIC CO-EXTRA CURRICULAR
PERMISSION SLIP – FORM A**

Teacher Name/Grade: Dr. Weaver & A. Lunsford 10-12th Destination: Wastewater Treatment Facility

Departure Date & Time: October 25 @ 8:30am Return Date & Time: October 25th @ 12:30pm

Donation Amount (no student will be denied access to a field trip for monetary reasons; however, if donations do not cover the cost of the trip, the outing may be cancelled): \$5.00 Lunch will be eaten on campus

Chaperones Requested: Yes No

Lunch: Child will be allowed to buy a school lunch, or bring a lunch from home.

Child will be allowed to buy a school lunch, bring a lunch from home, or purchase lunch at an outside vendor.

Transportation will be provided by in the following manner:

HCS bus transportation

Other method (please sign below "RELEASE*")

To be filled out by parent/guardian Please complete and return by: October 13, 2017

Student Name: _____

My child has permission to attend the field trip.
 My child does not have permission to attend the field trip.

<input type="checkbox"/> My child will buy a school lunch.	<input type="checkbox"/> I would like to be a chaperone.
<input type="checkbox"/> My child will bring a lunch from home.	<input type="checkbox"/> I (parent) will bring my lunch.
<input type="checkbox"/> My child will bring monies for lunch to purchase from a vendor	<input type="checkbox"/> I (parent) will purchase a school lunch.

My child has medication that should be administered during this trip. **(School please attached IHP.)**

CONSENT

If any emergency medical procedure/treatments are required by the student during the trip, I consent to the trip's supervisor taking, arranging for, or consenting to the procedures or treatment at his or her discretion. I further release and waive any claim which I or any other person, firm, corporation, or entity may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures/treatment, if any. **I further agree to indemnify and hold harmless and reimburse the Henry County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and for any and all claims and losses.**

Signature(s) of Parent(s) or Guardian(s)

Date

Other Transportation *RELEASE*

***If other transportation is indicated (i.e., no HCS bus transportation) , please fill out below:**

While the Henry County School District provides transportation through the utilization of the District bus fleet for many extracurricular events, in some cases school sponsored transportation is not available. In those instances, it is necessary for the parent/guardian to make arrangements for transportation. The Henry County School District strongly discourages students from riding with other students to and from extracurricular events and to this end, district employees shall not assign students to ride with other students.

I, _____, parent or guardian of _____ (student), hereby give my permission for my student to ride with the parent volunteer/sponsor to/from the designated extracurricular event:

Signature (s) of Parent(s) or Guardian(s)

Date

phone number



**HENRY COUNTY SCHOOLS
FIELD TRIP BEHAVIOR AND EXPECTATIONS
STUDENT AGREEMENT**

I, _____ (print student name), understand and agree to follow the rules and expectations listed below while on my overnight field trip to _____ (print date(s) and location(s) of field trip).

1. I understand that this is a school approved field trip and that Henry County Schools Student Code of Conduct applies to my conduct during this field trip. I agree to follow the Student Code of Conduct while on the field trip and understand that I may be disciplined upon my return if I violate the Student Code of Conduct during this trip.
2. I will conduct myself with maturity, courtesy, and respect toward all parties participating in the field trip, including, but not limited to, my classmates, chaperones and teachers.
3. I realize the chaperones/teachers are responsible for my welfare and the welfare of the group. Accordingly, I will obey their instructions at all times. I also understand the sponsoring teacher(s) has the final authority and the right to administer consequences for any students who are in breach of this agreement.
4. I acknowledge this is an educational trip. I realize my participation in all group meetings, meals, tours, excursions, and other scheduled events is mandatory. I realize that I will only be exempt from participating in scheduled events if I am ill and I obtain prior permission from a chaperone/teacher to miss an event.
5. Allocation of free time is at the discretion of the chaperone/teacher. I will never go off alone or make any unplanned trips or excursions while on the field trip. I will carry the name, address, and phone number of the chaperones/teachers with me at all times. I will keep a chaperone/teacher informed of my whereabouts at all times.
6. I understand I must stay at the accommodations arranged by the school. Exceptions to this rule will be made only by prior arrangements, with the principal, parent(s)/guardian(s) and sponsoring teachers.
7. I will remain at my assigned lodgings from 10:00 P.M. to sunrise or a time designated by the sponsor. I understand that boys' rooms are off limits to girls and vice versa. I understand I am not to leave my assigned lodgings after curfew unless I am accompanied by a chaperone/teacher. In case of emergency, I will immediately contact a chaperone/teacher.
8. I will respect public and personal property. I understand any damages incurred to public property or personal property as a result of my conduct will be my responsibility. I understand Henry County Schools is not liable for any damage that may occur to my personal property on the field trip.
9. I will not drink alcohol, smoke, use other tobacco products, or use illegal drugs and/or medication that is not prescribed to me during this trip. I will not accept or transport any of these items.
10. I understand that if I do not follow the rules and expectations listed above, or if I engage in illegal activity, I may be required to come home early. I understand my parent(s) will be financially responsible for making arrangements to send me home.

I, _____ (print student name), have read the rules and expectations listed above and agree to abide by them. I understand that I may be disciplined and/or sent home early if I fail to adhere to these rules and expectations.

Student Signature

Date

Parent Signature

Date



**HENRY COUNTY SCHOOLS
PARENT/GUARDIAN FIELD TRIP
PERMISSION/EMERGENCY INFORMATION
INFORMED CONSENT FORM**

Field trip information

I hereby give my permission for _____
(Name of student)

who attends _____
(Name of school)

to participate in a field trip to _____
(Destination)

on _____ (Date) from _____ (Time departs) to _____ (Time returns)

for the purpose of _____

Class/Club/Team: _____

Staff contact: _____ Phone Number: _____

Transportation for this activity will be provided by:

- District bus/vehicle
- Other (specify) _____

Food will be provided at/by: _____

I received a detailed itinerary of the trip _____ Yes _____ No

I received a list of things the student should/should not bring _____ Yes _____ No

Medical/emergency information

Student home phone #: _____ Date of birth: _____

Student's Address: _____

Family Physician: _____ Phone #: _____

Does the student have any medical or physical condition, medication information, or allergies which could interfere with the student's safety? Yes No

If yes, please describe: _____

In the event of an emergency (injury, illness, unforeseen incident), I wish the following person to be notified in case I cannot be contacted:

Name: _____ Relationship: _____

Phone #: _____ Alternate phone #: _____



HENRY COUNTY SCHOOLS
PARENT/GUARDIAN FIELD TRIP
PERMISSION/EMERGENCY INFORMATION
INFORMED CONSENT FORM

Informed consent

As the parent/guardian of the above named student, I have read the field trip itinerary and I understand that there may be risks of physical injury associated with participation in these activities.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

These activities are an extension of the school education program and student conduct is to be in accordance with the school's published rules and regulations.

Signature of parent/guardian

Date

Printed name of parent/guardian

Parent/guardian work phone

Home phone #

Cell phone #

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my school. I understand that the school rules of conduct apply while on the trip.

Signature of student

Date



**HENRY COUNTY SCHOOLS
PARENT/GUARDIAN FIELD TRIP
PERMISSION/EMERGENCY INFORMATION
INFORMED CONSENT FORM**

**Written Authorization for Self-Administration of Medication
by Minor Children at School**

** A current prescription and physician's signature must be provided with this documentation.*

Student Name: _____
Date of Birth: _____ **Grade:** _____

I, _____, Parent/Legal Guardian of the above-named student hereby request authorization for self-administration and possession of asthma medication, epinephrine auto injector, or diabetic medication by this student while in school, at a school sponsored activity, while under supervision of school personnel, and while in before-school or after-school care on school operated property. The student demonstrates full understanding of the proper use of his/her medication.

I understand that:

- the school district and its employees and agents shall incur no liability for: a) any injury to the student caused by his or her self-administration of medication except for injury caused by willful or wanton misconduct; b) the student's use, misuse, overuse, or neglected or failed use of his or her medication; and c) lost, misplaced, outdated, inaccessible, empty, or faulty medication and devices
- the school may choose to require supervision of medication administration in the event that the student does not demonstrate appropriate use or proper technique with medication
- the school has the authority to enforce rules and consequences for inappropriate behavior demonstrated by the student in association with the possession and/or self-administration of medication and that the school has the authority to require supervision of medication use as deemed appropriate for the safety of all students and staff

I take sole responsibility for:

- the monitoring of medication, medication use, and refilling of prescriptions for medication as the school will not be responsible for the supervising, recording, and monitoring of self-administered medication
- ensuring the student always carries his/her medication on his/her person
- deciding if back-up medication will be kept at the school and providing the school with the back-up medication
- informing school staff in writing of any changes in the student's treatment or management
- informing the school of any exacerbations, hospital visits, and/or new or changed student medical information
- informing school staff in writing of any medication side effects that warrant communication to the parent/guardian
- coordinating distribution of the student's medical management and emergency plan to school staff (school health worker, teachers, physical educators, coaches, bus driver, before-school and after-school staff)

I understand and agree to the conditions of the school system policy. I permit the school to seek emergency medical treatment for the student when deemed necessary and appropriate. I accept legal responsibility should the medication be misused or given or taken by a person other than the above named student. I release the Henry County School System and its employees and agents of any legal responsibility related to the above named student's possession and self-administration of his or her medication.

Parent/Legal Guardian Signature _____
Date

I, _____, the above-named student have been instructed in the proper use of my prescription medication and fully understand how and when to use this medication. I will always carry my medication with me and will not allow another student to use my medication under any circumstance. I understand and agree to the terms of the school policy.

Student's Signature _____
Date

The above named student has been instructed and demonstrates understanding of the proper use of his/her medication. It is my professional opinion that the student be permitted to carry and self-administer his/her medication. I have provided the parent/guardian with a written emergency/management plan including the name, purpose, dosage, and administration directions of the medication.

Physician's Signature _____
Date

Georgia Department of Human Resources, Division of Public Health, Children's Healthcare of Atlanta & Georgia Association of School Nurses 2004 Georgia School Health Resource Manual – Chapter 3 Administration of Medications.