**APPENDIX H** (PAGE 8 OF 9)

**Fayetteville High School Field Trip Permission Form**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field Trip Date \_\_\_April 5-6, 2013\_\_\_\_\_\_

Destination \_\_Batesville, AR\_\_\_\_\_\_ Class \_Quiz Bowl\_\_ Teacher \_\_David Young\_

Return completed permission form by \_\_4-5-2013\_\_\_\_\_\_ (date)

**Parent Consent for Trip**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permit my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent’s Name) (Student’s Name)

to participate in the trip to \_\_\_\_7AAAAAAA State Quiz Bowl Tournament\_\_\_\_\_\_\_\_\_\_

 (Destination)

I understand that this trip is part of the District’s educational program and provides a valuable learning experience for my child.

I further understand that the staff member(s) who will accompany the students on this field trip, will exercise the necessary and appropriate duty of care for them including, but not limited to, administering medication, if required, or seeking emergency medical attention if need be.

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

 Parent Signature Date

**Student Agreement**

As the participating student, I agree to follow the FHS Student Code of Conduct on this field trip and further agree to act in a responsible manner, one that will reflect credit upon Fayetteville High School and me. Furthermore, I agree to be responsible for making up assigned work in classes missed.

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

 Student Signature Date

**Emergency Information**

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_

Emergency Contact # 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_

Health Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_