



*The School District of Lee County*  
**FIELD TRIP PARENT PERMISSION FORM**



Student's Name:	School:
Date(s) of Field Trip:	Teacher/Sponsor:

Destination of Field Trip:

Departure Time:	Return Time:
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Purpose of Field Trip:

During this field trip students will be exposed to the sun. Parents/guardians should insure that sunscreen is applied before students leave home.

- **School Rules**—All school rules apply while students are on a field trip. Should your child choose to break a rule, you may be contacted to pick him/her up immediately. All field trips shall be tobacco and alcohol/drug free.
- **Homework/Classwork**—Students are responsible for requesting any homework and/or classroom assignments they miss while on a field trip and for making up/completing that work.
- **Appropriate Dress**—Students and chaperones are expected to dress according to the type of field trip planned. **Appropriate dress for this trip is:**

**READ AND SIGN THE NOTICE TO PARENTS/GUARDIANS ON THE BACK OF THIS SHEET AND RETURN TO YOUR CHILD'S TEACHER/SPONSOR BY: \_\_\_\_\_**

**Special Needs (check one):**

My child has a medical condition and/or medication of which the school should be aware, which I have explained by **completing the Medical Information Form (attached).**

My child has **NO** special needs for this trip.

**In case of an emergency during the field trip, the teacher/sponsor can reach me at (print telephone number and name of person to be called):**

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF \_\_\_\_\_(school name), ITS AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM \_\_\_\_\_(school name) ITS AGENTS AND EMPLOYEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND \_\_\_\_\_(school name) HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. Section 744.301, Florida Statutes

*I do hereby release and hold harmless the School District of Lee County and all of its employees from any liability or injury to my child's person or property incurred during the course of this field trip which is not the direct result of willful action or culpable negligence by the School District or its employees.*

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

\_\_\_\_\_  
Date