

Please complete in English.

Effective: September 15, 2019

* All forms must be returned by Feb. 8th

Chapel Hill-Carrboro City Schools
PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP

→ Student Name _____ School Culbreth MS Date 1/20/22

General Information

The Culbreth Orchestra is planning a trip to Carowinds, Charlotte NC.

The purpose of the trip: Performance + SEL

The date(s) of the trip: April 22, 2022 (Friday)

Students will leave Culbreth MS (location) at 7:00 am (time) and will return to Culbreth MS (location) at 10:00 pm (time).

Cost of trip per student: \$ 150.00

Type of Transportation

- Activity/district Bus
- City Bus
- Walking
- Airplane
- Train
- Charter Bus
- Privately Owned Vehicle (parents can ONLY transport their child--additional permission form required)

Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.) _____

The following medications, prescriptions or special diets are needed _____
Note: If a student has an Individual Health Plan on file at the school, it will be attached for reference during the trip.

Medical Release

In the event of an accident or illness, I understand that reasonable efforts will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone No. () _____

Name of Insurance Carrier _____ Policy No. _____

Does your child have Medical Insurance coverage? Yes No

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. If you have questions or concerns about this activity, please contact. _____

I fully understand that I must assume financial liability in the event that a trip must be cancelled & all advance payments cannot be recovered.

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the activity and authorize to the district to seek medical release in the event it is needed.

Parent/Guardian signature reflects his/her knowledge and approval of the activity described above. Parent Permission must be given to the school before the student is involved in the activity.

If P:

- * Parent/Guardian Name _____
- * Home Address _____
- * Emergency Contact _____
- * Signature of Parent/Guardian _____
- * Day Phone _____
- * Evening Phone _____
- * Emergency Phone _____
- * Date: _____