

Taylor Middle School

Permission for Instruction Outside of the School Building Release for Field Trips

2012-2013

By signing this release, I being the father, mother, or legal guardian of a pupil at Taylor Middle School, hereby consent that my child may visit administratively approved public institutions, stores, and factories for educational purposes under the direction and guidance of teachers, coaches, and chaperones of Taylor Middle School, and be transported to and from the school in school buses, chartered buses, or other authorized school vehicles. This waiver is given in consideration of such instruction outside of the regular school building. I also consent that my child may attend any incentive trip he or she earns as a part of the Taylor Middle School discipline/incentive policy. My signature below acknowledges that I have reviewed and agree to the above Release for Field Trips. I understand that I will continue to be informed of my child's upcoming field trips and may deny permission on an individual basis.

Note: This release form does not apply to the following situations:

- 1. Any field trip which involves students traveling out-of-state.
- 2. Any field trip which involves students spending more than one day (over night) on a trip, regardless of in-state or out-of state status.

	Grade:
Student's Name (Printed)	
Parent/Guardian Signature	Date

PLEASE TURN OVER

Taylor Middle School Field Trip Permission Form

Student Name: Last	First	Middle	
<u>Em</u>	ergency Information	-	
Student date of birth://_	<u> </u>		
Address:			
Father:	Home	Phone:	
Work Place:	Work I	Work Phone:	
Cell Phone:	Pager:	_ Pager:	
Mother:	Home	Home Phone:	
Work Place:	Work l	Work Phone:	
Cell Phone:	Pager:		
In the event I cannot be reached in a I consider to be responsible, be con	tacted:	rize the following person, who	
Medication student is currently taking			
Allergies:			
Chronic diseases or medical conditi	•	•	
Family Doctor:		Phone:	
Special Instructions:		v ^a	
I give permission for the school to can accident or illness and the parent		a physician or hospital in case	
Parent Signature:		Date:	
This form must be completed pri-			