



## FAYETTE COUNTY CAREER & TECHNICAL INSTITUTE

### Field Trip Parental Consent

I, \_\_\_\_\_, the undersigned, legal parent/guardian, do give my permission for \_\_\_\_\_, my son/daughter to participate in the \_\_\_\_\_ field trip under the auspices of the Fayette County Career & Technical Institute on \_\_\_\_\_. I understand the students will be supervised by \_\_\_\_\_ and other individuals designated by the school. The departure time will be at \_\_\_\_\_ and the students are expected to return to the school at approximately \_\_\_\_\_. I understand any students breaking any rule of conduct or discipline policy will be sent home by means of the nearest public transportation at the parent's expense.

In case of accident, injury or illnesses, I /We, hereby authorize the Fayette County Career & Technical Institute Instructor/Advisor to take the above named student to a physician or emergency room of a hospital. Since the health of the student is a paramount importance, it is imperative to know whether you child has any allergies, handicaps, or other health problems of which the instructor/advisor should be aware.

If so please note: \_\_\_\_\_

Name of Emergency Contact Person:	
Contact Person's Telephone Number:	
Family Physician:	Physician's Telephone Number:
Is student taking medication?	Please List:
Date of student's last Tetanus shot?	
I give authorization to the Fayette County Career & Technical Institute's Instructor/Advisor to consent for medical evaluation and treatment as necessary during my absence.	
Parent/Guardian daytime telephone number:	
Parent/Guardian evening telephone number:	
Insurance Company:	Insurance Plan Number:
Having read and understood completely the personal liability and medical release, I, by signing below do hereby agree to abide by these in their entirety and in no way will I hold either the School Board of Education or its duly appointed faculty representative, in charge of this excursion, responsible for any mishap that may occur during this field trip.	

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Please Return this form by: \_\_\_\_\_