



LAST NAME \_\_\_\_\_

### Field Trip Permission Form

I, the undersigned Parent/Guardian of the student named below, understand the nature of the field trips being planned to the following locations:

<b>Lautzenheiser Leadership</b> Nominated student	August 20 6:00-8:00 p.m.	Lafayette HS	No Transportation
<b>District All-State Auditions</b> 10th-12th Grade auditionees	September 25 TBD	East Jessamine HS	No Transportation
<b>UK Bluegrass Choral Music Festival</b> Any choral student	October 12 & 13	Singletary Center	No Transportation
<b>UK Choristers Concert</b> Chamber	October 23 7:30-8:30 p.m.	Singletary Center	No Transportation
<b>Women's Choir Festival</b> Women	November 15 12:00-8:00 p.m.	TBD	FCPS Bus To Location
<b>Winter Concert</b> Concert & Chamber	December 10 7:00-9:00 p.m.	Singletary Center	No Transportation

**STUDENT'S FULL NAME** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**PARENT'S FULL NAME** \_\_\_\_\_ **Emergency Contact #:** \_\_\_\_\_

#### PARENT/GUARDIAN PERMISSION FORM FOR FIELD TRIPS and MEDICAL INFORMATION

I am in accord with the purposes of and procedures governing the Field trip. I hereby grant permission for my student to participate. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Fayette County School District Board of Education, their agents, officers, employees and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to my student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my student. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my student to the Physician, Dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that my student must return to school independently for health, accident, failure to conform to rules established by the teacher in charge, etc. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

The student's medical form must be on file with the choir office in order to participate in field trips. It is the parent's responsibility to notify us of any changes to the student's medical record.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_