

PINELLAS COUNTY SCHOOLS
FIELD TRIP/ACTIVITIES PERMISSION FORM



School Palm Harbor University High School - SR BREAKFAST FORM #2 of 4

I (We) hereby grant permission for _____ to participate
Student Name
in a field trip/activity to The Harborview Center, Clearwater, FL (Senior Breakfast) on May 1, 2009
Location Date
and to make authorized or emergency stops as necessary.

Students will be traveling in the following manner:

- Walking
- School Bus
- Private Passenger Vehicle
- Rental Vehicle
- Commercial Transportation Carrier
- Other (check for students riding the bus) _____

(Parents of high school students are reminded that trips in private passenger vehicles sometimes involve the use of school age drivers)

Time of Departure (Approx.) 7:00 a.m. Time of Return (Approx.) depart 1:35 p.m.

- 1) I authorize school representatives to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment.
- 2) I understand that the trained school employee who usually dispenses medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.
- 3) I have documented below all precautions/instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

- 4) All provisions of the student code of conduct apply to field trips and activities. To ensure student safety and compliance with the student code, I agree that my child's luggage, belongings, and rooms (where applicable) may be randomly searched for contraband.

Signature of Parent/Guardian Phone (Home) Phone (Work) Date

Alternate Emergency Contact Phone (Home) Phone (Work)