Jones County Schools

Field Trip Permission Form

125 Stewart Ave
Gray, Georgia 31032
(478) 986-6580

I am the parent or legal guardian of _____
and by signing this statement, I give my consent and permission for my child to go with

_____

Name of Group **Name of Faculty Member(s)** **Position**

To_____

I understand that _____will travel by _____
Will leave from _____on _____
_____Date Time Will return to _____ on
_____Date Time for the purpose of attending
_____ Activity

I have reviewed and am familiar with the itinerary. I consent to my child's participation in these activities except as follows (please sign for permission at the bottom of the page).
Exceptions: _____

Emergency Information

Contact Information	Contact1- Parent or Guardian	Contact 2–Parent or Guardian
First and Last Name		
Address		
Home Phone		
Alternate/Cell number		
Work Number		
Work Address		

I understand that during the trip my child will be subject to the policies, rules, and regulations of the school and the Board of Education. I have read and fully understand the contents of this form. Finally, I hereby give school staff permission to authorize medical treatment for my child in the event of illness or accident.

_____

Parent or Guardian's Signature Date