

Baldwin County Public Schools
Parent/Guardian Field Trip Notice/Permission Form

Student Name: _____

General Information

Teacher: Mrs. Blake and 8 th grade teachers	School: Daphne Middle School	Date: 9/3/19
Trip destination: Worlds of Opportunity Career Expo, The Fort Park		
Address: Mobile Civic Center 401 Civic Center Dr, Mobile, AL 36602		Phone No. (251) 208-7261
We will leave from Daphne Middle School _____ at 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM on 9/19/19		
We return on (day) Thursday, September 19, 2019 at 1:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
Attending: Number of students: 350 Minimum number of adults/chaperones: 10		
The purpose of this trip is to: C:B1.5 use research and information resources to obtain career information C:C1.3 identify personal preferences and interests influencing career choice and success		
Students will need to bring a sack lunch		

IMPORTANT!
MONEY (\$FREE)
AND THIS
PERMISSION
FORM DUE BY
9/17 at 8 AM.
THIS FORM MUST
BE RETURNED
TO THE SCHOOL
BEFORE THE
STUDENT CAN BE
INVOLVED IN THE
ACTIVITY.

Transportation District bus Commercial transportation Other

Please cut and return the bottom part to the school.

This is a FREE field trip. Forms are due 9/17/19 by 8 AM. to participate.

Worlds of Opportunity Career Expo, September 19, 2019

_____ has my approval to participate in the field trip described above. I understand and agree that school officials and/or chaperones will not be held liable for any accidents or injuries that might occur during the field trip. I also understand that field trip fees are set many weeks in advance based upon ticket and transportation costs. Reservations are made and tickets are purchased in advance of the event. Due to this, **no refunds will be made for field trips except for extreme cases at the Principal's discretion.**

Parent's Signature of Approval

Date

Medical Information

In the event of an accident or illness, I understand that reasonable effort will be made to contact parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Does your child have Medical Insurance? Yes No Name of Preferred Doctor _____

Doctor's Phone (_____) _____

Name of Insurance Carrier _____ Policy No. _____

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions, or special diets are needed: _____

Parent /Guardian _____ Day #(____)____ - _____ Cell# (____)____ - _____ Work # (____)____ - _____

Home Address _____

Emergency Contact _____ Day #(____)____ - _____ Cell# (____)____ - _____ Work # (____)____ - _____

Emergency Contact _____ Day #(____)____ - _____ Cell# (____)____ - _____ Work # (____)____ - _____

PLEASE CHECK ONE:

My child will bring a sack lunch from home.

My child will need a sack lunch from the cafeteria and I will pay as usual before the trip.