



ROME CITY SCHOOLS FIELD TRIP PERMISSION SLIP

Trip Description:

Trip Date(s):

Trip Location:

Cost: Permission and Fees Due Date:

Transportation: Lunch/Meals:

Expectations: Students are expected to follow the directions of the teachers and chaperones at all times. Students may not leave the group at any time. Students are expected to participate in all activities. Any damage to facilities, buses, etc. will be the financial responsibility of the parent.

Student Information

Student Name: _____ Date of Birth: _____

Parent Name: _____

Email: _____ Address: _____

Phone: _____

In case of emergency, notify: _____ Phone: _____

Chaperone Information

If you would like to chaperone, please fill out the information below, if not, leave it blank.

I am interested in chaperoning:

Name _____

I have had the RCS Volunteer Training: Yes _____ No _____

In order to maintain the safety of the students and to adequately account for their whereabouts, only those chaperones who are approved for a trip will be allowed to actively participate with the students. Individuals who may be present at the site of the trip, but are not an approved chaperone for the trip may not participate in any of the scheduled activities. *Chaperone spaces may be limited and filled as needed in accordance with student-to-adult ratios and available space.

Medical Information

Allergies _____

Medications _____

If your child will need medication during the trip, please contact the teacher for more information

Release

I (Parent/Guardian Name- PLEASE PRINT): _____ understand the above expectations and acknowledge that my child is expected to comply with them. Further, I have instructed my child to comply with them as well as other directions given by trip supervisors. My permission is granted for school supervisors to obtain necessary medical treatment in case of sickness or injury for my child.

I agree to release, indemnify, and hold harmless the Rome City School District, its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult supervisors ("District Indemnitees") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, the student or any other successor or assignee may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the students' participation in the field trips, including, but not limited to any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

Name of Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Date