



Scholars Academy

Field Trip Permission

Date of Trip _____

Destination _____

Approximate Departure Time _____

Approximate Arrival Back Home _____

Reason for Trip _____

_____ has my permission to go on the above stated field trip. I understand that Thomasville City Schools is not liable for any accidents or injuries that may occur. Insurance will be provided by the parent or guardian of the student.

Please be advised that adequate chaperones will be provided for the trip. The safety and well-being of our students is of utmost importance.

Spending money must be provided by the students.

Medical Conditions:

Medication Allergies:

Person to call for emergency _____

Emergency phone number _____

Insurance Co. _____

Parent or Guardian Signature: _____