

Field Trip Parental Consent Form
South Gibson County High School
(Please complete one per child)

I/We, _____, parents of _____
Print Parent/Guardian Name Print Student's Full Name

understand that my/our child will be traveling with the South Gibson County

_____ to _____ in order to participate in
Organization Name Destination

_____ on ____/____/____. Students will be accompanied by _____
Activity
adults. Student expense for this trip is \$_____.

I/We understand and agree to hold the Gibson County Special School District and South Gibson County High School harmless and indemnify the board, director of school, school district employee, and volunteers approved by the district for any injury and/or property damage, including, but not limited to, injuries or property damage caused by negligence, accident or another student/participant that may occur to my/our child or any injury my/our child may cause during his/her participation at this event. If my child is injured and requires medical treatment, I consent to such care and hold the District and South Gibson County High School harmless for any medical expenses not covered by medical insurance.

Students are expected to adhere to all policies stated in the SGC handbook. Failure to do so will result in appropriate disciplinary action and could lead to dismissal from the trip. If such an action is required, it is the responsibility of the parent/guardian to immediately come and pick up the student.

Name of Custodial Parent/Guardian _____

Address of Custodial Parent/Guardian _____

Signature of Custodial Parent/Guardian _____

Date _____

Signature of Custodial Parent/Guardian _____

Date _____

Emergency Contact Numbers

Home _____ Work _____ Cell _____

Emergency Contact other than Parent/Guardian

Name Relationship Phone Number