## PUBLIC SCHOOLS OF ROBESON COUNTY PROPOSED SCHOOL SPONSORED TRIP-INFORMATION FROM HOME

Name of Proposed Trip:			
Date(s) of Proposed Trip:			
Dest	Destination:		
Time	of Departure: Time of Return:		
Cost Per Student: Mode of Travel::			
1.	As parent/guardian, I submit the following special health cand instructions are needed for my son/daughter on this tangeded medication, information on history of seizures, moetc.):	rip (such as	
2.	Personal Safety Information: As parent/guardian, I certify son/daughter requesting this trip has health/accident/medic coverage as follows:  School:yesno Other Medical Insurance Coverage - if yes, list the compa Insurance Company Name: Policy #:	cal insurance	
(The school system is not responsible beyond the limits of insurance coverage)			
3.	As parent/guardian, I give permission to the chaperon to request usual and customary medical or legal services for my son/daughter if needed on this trip with the understanding that I will be responsible for all such emergency costs not covered by insurance. In case of an emergency, please call me at phone#		
4.	I understand and agree to the conditions of the field trip as described in "Information from School", and "Information from Home", and give permission for		
<del></del>	(Name of Student)		
Signe	Signed:		
	(Parent /Guardian)	(Date)	