

Richland School District Two - Field Study Permission Form

_____ (student name) has my permission to participate in a field study to _____ (location) on _____ (date).

I understand that _____ (sponsor) will be in charge of the field study.

This field study is for _____ (student group) for the educational purpose of _____.

The activities on the trip shall include: _____.

The cost of the trip is: \$_____ per student. The money is due by_____.

You may be able to process payment(s) online for this field study. Please check with the sponsor for payment options

Method of transportation: _____

Departure time/location: _____ Return time/location: _____

Special instructions/dress: _____

The student will not be counted absent during the time of the field study. The student will be responsible for completing all work for all classes missed. Any misbehavior/misconduct will be handled in accordance with school rules and district policy.

PARENTAL CONSENT (CHECK ONE AND SIGN)

_____ My child has permission to attend and participate in this field study. I understand that the school will make every effort to provide a safe environment. However, I understand the school district and its personnel are not responsible for any loss or injury that may result and I agree to hold the school district and its personnel harmless for any loss or injury that may result in my child’s participation in this field study.

Parent/Guardian Signature: _____ Date: _____

_____ I do not give permission for my child to participate in or attend this field study.

Parent/Guardian Signature: _____ Date: _____

LUNCH OPTIONS (CHECK ONE)

_____ My child DOES NEED a bag lunch from the cafeteria (usual charges apply).

Dietary Restrictions _____

_____ My child DOES NOT NEED a bag lunch from the cafeteria.

I can chaperone. Please contact me at _____ (phone #) to coordinate. The cost for adults is \$_____. I understand that I must be cleared via <https://bib.com/SecureVolunteer/Richland-School-District-Two/> to volunteer through the district on overnight trips. I also understand that if I want to chaperone on an in-state field study I will need to sign in with the school’s LobbyGuard on the day of the trip to be cleared as a chaperone.

Blythewood Middle School Field Study/Trip Health Information & Emergency Contact Form

Student Name (Please Print): _____ Grade Level: _____

Illness or Injury

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian or other emergency contacts listed below. If I am not available, or the other contacts listed below cannot be reached, I hereby authorize school district personnel to secure emergency medical care, as needed, and understand that I will be financially responsible for any costs related to securing emergency care for my child. Please provide two phone numbers where a parent, guardian, or authorized person may be reached to give consent to medical treatment.

Emergency Contact Information

1) Name: _____ Relationship: _____

Primary Phone #: _____ Alternate #: _____

2) Name: _____ Relationship: _____

Primary Phone #: _____ Alternate #: _____

Please list known allergies: _____

Please list known medical conditions: _____

Please list current medications: _____

Please list any medications required on the field study: _____

***Please note that medications will be administered in accordance with District Policy/Administrative Rule JLCD/ JLCD-R, *Assisting Students with Medications and Their Healthcare Needs*. If your child will need to take medication while attending the field study, please check here and review Policy/Administrative Rule JLCD/ JLCD-R. A physician's signature is required for all prescription medications. A parent note is required for over-the-counter medications.

Please list other pertinent information for the chaperones: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____