

IFCB-E (3)
SAVANNAH CHATHAM COUNTY PUBLIC SCHOOLS
FIELD TRIP AUTHORIZATION FORM

I, _____, being the legal parent / guardian of
(Parent/guardian name, please print)
_____, do hereby give the right and power
(Student name, please print)
to the school official(s) of _____ to authorize
(Name of School)
medical treatment, care and services, to discipline, and to make whatever decisions that are
necessary for my child's welfare in the discretion of said official(s) while my child is a participant
of _____ at/in _____
(Purpose of trip) (Destination)
for the period of _____. I understand that this authorization in no way
(Date)
relieves me of any financial or other obligations related to any decisions made by the above
school official(s).

*I hereby appoint The Board of Education as my agent for the purposes of obtaining
medical treatment in the event of injury. I agree to be responsible for all medical treatment,
then and in that event I agree to reimburse said Board of Education in full.*

Insurance Company _____ Policy # _____

Home Address _____

Home Phone _____ Cell Phone _____

Does the student have any medical or physical condition, medication information, or allergies
which could interfere with the student's safety? _____ Yes _____ No

If yes, please describe: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be
contacted:

Name _____ Relationship _____

Phone #: _____ Alternate Phone #: _____

These activities are an extension of the school education program and student conduct is to be in
accordance with the schools published rules and regulations.

Signature of Parent / Guardian _____ **Date** _____

I pledge that my conduct will, at all times, reflect credit upon myself, parents, and my school. I
understand that the school rules of conduct apply while on the trip.

Signature of Student _____ **Date** _____