

**BALTIMORE COUNTY PUBLIC SCHOOLS  
PARENT/GUARDIAN PERMISSION FORM  
DAY/EXTENDED-DAY FIELD TRIP**

**TO BE COMPLETED BY THE SCHOOL/OFFICE**

School Name:	Student Name:
Date of Trip:	Destination:
Sponsoring Teacher:	Sponsoring Teacher Phone No.:

Purpose of Field Trip/Relationship to curriculum/activities:

BCPS Approved Transportation: \_\_\_\_\_ School Bus \_\_\_\_\_ Contract Bus \_\_\_\_\_ Parent will provide transportation\*  
 \_\_\_\_\_ Other - please specify: \_\_\_\_\_

\* Note: Advance approval by the school principal is required. The Board of Education of Baltimore County does not cover, nor is it liable for, comprehensive and collision coverage for the use of a private vehicle for school-sponsored activities.

IF YOUR CHILD, OR THE STUDENT FOR WHOM YOU ARE RESPONSIBLE, DOES NOT HAVE PERMANENT AND ADEQUATE HOUSING, IS TEMPORARILY STAYING IN A SHELTER, GROUP HOME OR WITH FRIENDS/FAMILY DUE TO ECONOMIC HARDSHIP, PLEASE CONTACT THE SCHOOL PRINCIPAL TO ASK FOR A WAIVER AND A COPY OF THE BROCHURE ENTITLED *HELP FOR STUDENTS EXPERIENCING HOMELESSNESS.*

Cost to the Student: \$\_\_\_\_\_ <exact cash or check payable to school>

Students will leave from: \_\_\_\_\_ at \_\_\_\_\_.  
 (place) (time)

Students will return to: \_\_\_\_\_ at about \_\_\_\_\_.  
 (place) (time)

In the event the field trip schedule does not coordinate with the regular bus schedule, the following drop off/pick up arrangements apply:

- ( ) Parents must drop their child off at school by no later than \_\_\_\_\_ (time).
- ( ) Parents must pick up their child within 15 minutes of the scheduled return time noted above.

PRINCIPAL'S APPROVAL: \_\_\_\_\_ SPONSORING TEACHER: \_\_\_\_\_

**--- PARENT/GUARDIAN: PLEASE COMPLETE AUTHORIZATION AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION SECTIONS ON PAGE 2 ---**

**AUTHORIZATION**

I understand that my child’s participation in this field trip is voluntary. I have read and understand the description of the field trip and authorize my child to participate in the activity. I understand that if I use my private vehicle to transport my child on a field trip, that the Board of Education of Baltimore County does not cover, nor is it liable for, comprehensive and collision coverage. I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the BCPS Code of Student Conduct, and to abide by all decisions made by teachers, staff and those in authority. I agree that BCPS has the right to enforce these rules, standards and instructions. I agree that my child’s participation in this trip may at any time be terminated by BCPS in the light of my child’s failure to follow these regulations, or for any reason which BCPS may deem to be in the best interest of BCPS, and that my child may be sent home at my own expense. I fully understand and have explained to my child that failure to follow the Code of Student Conduct may result in disciplinary action.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Signature of Student)

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I certify that my child has no special medical or physical conditions which would impede participation in this field trip. I agree to disclose to BCPS any medications and/or prescriptions which my child shall or should take at any time during the duration of the field trip and complete the *Request to Administer Medication/Treatment Form*.

In a serious emergency, your son/daughter may have to be taken to the nearest hospital emergency room. Should such action be necessary, you will be notified as soon as possible and will be responsible for any charges incurred.

In the event of serious illness or injury to my child, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones to act on behalf of my child while participating in the field trip.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***The parent/legal guardian must complete the information below:***

Print First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact’s Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact’s Telephone #s: \_\_\_\_\_

**RETURN THE COMPLETED FORM TO THE SPONSORING TEACHER.**

**IF YOU HAVE CONCERNS OR QUESTIONS REGARDING THE FIELD TRIP, PLEASE CONTACT THE TEACHER SPONSORING THE FIELD TRIP. FOR ALL HEALTH AND MEDICATION QUESTIONS AND CONCERNS, CONTACT THE SCHOOL NURSE AT YOUR CHILD’S SCHOOL.**