FIELD TRIP PARENTAL CONSENT FORM

BURKE COUNTY PUBLIC SCHOOLS

This is to certify that my child,				
the Burke County Board of Education the field trip. I understand that by s its employees, agents, and chaperone	on, or any employees or agents may have for signing this consent form, I am agreeing to s from any and all liability arising out of an child will be subject to all policies, rules,	all members of my family any and all liability or any injury to my child during the course of relieve the Burke County Board of Education y injuries to my child, while on the field trip. I and regulations of the school and the Burke		
GROUP SPONSORING TRIP		SCHOOL		
PERSON IN CHARGE				
DATE OF TRIP	DESTINATION			
TIME OF DEPARTURE	TIME OF RETURN	TRANSPORTATION		
ANTICIPATED ACTIVITIES				
FOR ADDITIONAL INFORM	MATION PLEASE CALL :			
N.	AME	PHONE		
·	PARENT/GUARDIAN			
Mother's Name	Father's I	Name		
Home Address		-, "		
Home Phone: Mother	Father			
		Phone Phone		
Name	HE EVENT PARENTS CANNOT BE			
Phone # (H)	(W)			
	contents of this Parental Consent Form.			
	orent/Cuardian	Date		