

**MCDOWELL COUNTY SCHOOLS
FIELD TRIP PERMISSION FORM**

School _____ Date _____

I give my permission for _____ to take
a field trip with (his/her) class to _____
on _____. The class will leave at _____ and return
at approximately _____ o'clock. Method of travel shall be by
_____. It is my understanding that the trip is
approved by the principal and is planned so that maximum safety and educational
value will be attained. I understand that my child will be covered by school insurance.

Any Allergies to Drugs: _____

In the event of any injury or illness to my child, who was born on _____,
I hereby authorize the adult chaperones and teachers of the McDowell County Schools
of Marion, North Carolina to secure whatever treatment is deemed necessary for my
child's best interest, including the administration of an anesthetic
and surgery if such is appropriate. I understand that every effort will be made to
contact me before any major treatment is provided to my child and that this consent is
to prevent a dangerous delay in case an emergency does occur and I cannot be
reached.

Signature of parent or legal guardian: _____

Date Signed _____

Telephone Numbers: Day _____

Night _____