

Name of Student: _____

Davidson County Schools

School Activity / Trip Permission Form

Name of School: North Davidson High School **Date:** 2024-2025 School Year

Date of Field Trip: All football games, parades, contests, fund raisers, and auditions.

Purpose of Field Trip: To perform at above named locations.

Type of Transportation: Activity Bus, commercial transportation, and district bus.

Parent Consent: I/We as Parent(s) or Guardian(s) of _____, do hereby give permission for my child to participate in the above referenced field trip and/or school activity. I understand that the school will make arrangements for transportation and supervision during the field trip activity.

I do understand that non-refundable deposits and contractual fiscal obligations will be subject to forfeiture in the event of a National Security Alert- one which would make it prudent to cancel the activity for specific locations or the entire United States.

I do understand that there are always some risks involved in any type of activity which occurs during transportation to and from the activity and during the activity itself.

I will emphasize to my child the importance of his/her orderly and cooperative behavior during the trip and activity.

I further agree to release and hold the Davidson County Board of Education as well as their employees, administrators, agents, trustees, and board members harmless from any and all liability for any damages or losses, including acts of negligence, incurred by my son/daughter through their participation in this activity.

Parent's/legal guardian's signature

Date

Medical Emergency Information

Name of parent to contact in an emergency _____

Work Phone # _____ Home Phone # _____ Other # _____

Does your child have allergic reactions to any medications? _____ If yes, please list _____

Are there other special medical conditions or instructions (including the administration of any medication during the trip) concerning your child's health that needs to be brought to the teacher's attention? _____

If so, I will send necessary medicine clearly labeled with instructions.
Comments: _____

Medical Authorization

I do further authorize any physician or hospital to render medical care and treatment which may be needed by the above named student without our specific permission or authorization.

Please check one of the two statements below:

_____ I have insurance coverage for my child (*name of carrier and policy # are requested*) and I give permission for Him//her to be given emergency treatment in case of an accident or illness.

Health Insurance Carrier _____ **Policy #** _____

_____ I do not currently have insurance coverage for my child, but give permission for him/her to be given emergency treatment in case of an accident or illness. I will assume all financial responsibility for any services rendered.

(OPTIONAL) NOTARIZATION (Some hospitals/doctors may not treat children if their condition is not serious/life-threatening without notarization.)

TO BE COMPLETED BY THE NOTARY PUBLIC: Sworn and subscribed before me by

_____, on _____ (stamp here)

My Commission
expires: _____

Signature of Notary