

**CALHOUN COUNTY SCHOOLS  
NOTIFICATION OF FIELD TRIP/EXCURSION**

To: Parent/Guardian  
Teacher/Sponsor: Mrs. Craig

School: Chatchee High School

This will inform you of plans for the following field trip or excursion by the following group:

Class, club, or other group: 8th Grade Students

Destination: WOW Exhibit @ The Oxford Civic Center

Purpose: Students will learn about college/career opportunities.

Date: Tuesday, March 12th Departure Time: 10:00 AM Return Time (approx): 2:30 PM

Place of departure/return, if other than school: Chatchee High School

Deadline for payment: Thursday, March 7th

Cost: \$10.00 Other Information: Pay Mrs. Craig during strategies ONLY (Cash or check- make checks payable to OHS). If you are not getting lunch with Mrs. Craig, you will need to pack a lunch.

THIS PORTION OF FORM MAY BE DETACHED FOR RETURN TO SCHOOL

**PARENTAL PERMISSION AND WAIVER/MEDICAL RELEASE**

*This form must be completed, signed by the parent(s)/guardian(s), and returned to Mrs. Craig no later than Thursday, March 7th in order for the student to participate in the excursion to WOW Exhibit*

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Allergies/Medical Condition: \_\_\_\_\_

Prescription medications currently in use: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Numbers: \_\_\_\_\_

Person picking up my child: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

I/We, the undersigned parent (s) or legal guardians(s) of the named student, hereby give permission for the student to participate and to be transported to and from the activity as arranged by the school and teacher/sponsor. I/We hereby release the Calhoun county Board of Education (the "Board"), its members, school(s), employees, and representatives from any and all liability for injury to the named student arising as a result of the student's participation in the excursion/activity, including transportation to and from the activity, and voluntarily waive any and all claims against the Board or others listed, excepting only claims for injury or damage resulting from willful or intentional acts of said Board employees or representatives.

The teacher or other Board employees are hereby authorized to seek routine or emergency medical treatment necessary for the student, but the Board and/or employees or representatives will not be held accountable for medical expenses incurred. I/We hereby give consent to any and all medical providers to provide the student with any necessary medical care as a result of injury or illness incurred during the trip.

\_\_\_\_\_  
Signature of Parent/Guardian      Date

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