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إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم بالرقم (199)

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학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303 Nếu quý vị cần sự thông dịch miền phí để hiểu phương pháp trường học, xin vui lòng gọi số diện thoại (919) 852-3303

如果您需要 免费不可 多来了解,请 较电 (919) 852-3303

PARENTAL CONSENT AND STUDENT MEDICAL INFORMATION FOR SCHOOL TRIPS

| BY SIGNING THIS CONSEN | INFORIVIATION FOR IT FORM, I CERTIFY THAT I HAVE READ | A SCHOOL TRIPS AND UNDERSTAND THE INFORMATION | N BELOW AND THAT ANY | |
|---|---|---|---|--|
| INFORMATION I HAVE PR • I ASSUME RESPONSIBILIT | OVIDED IS ACCURATE AND COMPLETE Y FOR CONTACTING | TO THE BEST OF MYKNOWLEDGE. (TEACHER/SPONSOR) IF THERE IS | S ANY CHANGE TO MY CHILD'S | |
| MEDICATIONS, NEED FOR BACK OF THIS FORM | MEDICAL ASSISTANCE, OR MEDICAL C | CONDITION AFTER I COMPLETE THE HEA | ALTH INFORMATION ON THE | |
| IF THIS FORM IS NOT COMPERMITTED TO PARTICIPA | MPLETED AND RETURNED BY ATE AND WILL REMAIN AT SCHOOL IN A | (DATE MM/DD/YYY) A SUPERVISED ACTIVITY |), THE STUDENT WILL NOT BE | |
| School | Name | Name ofTeacher/Sponsor | | |
| TRIP/ACTIVITY PLANNED | DATE(S) OF TRIP/ACTIVITY* | PURPOSE OF TRIP/ACTIVITY | TRANSPORTATION (WCPSS Vehicle, Charter Bus/Contract Vehicle, Privately-owned Vehicle**) | |
| | | | | |
| | | | | |
| | | | | |
| *Attached is an itinerary that i of departure and return | ncludes the place or places to be vis | sited, a daily schedule of activities, c | and the dates, times, and places | |
| ** When privately owned ushi | islas are used for transporting stude | onts, anly the vehicle evener's lightlit | u coverage is applicable to apv | |
| | | ents, only the vehicle owner's liabilit ned by Wake County Public School S | | |
| liability coverage is applicable | | ned by wake county rubine benoon s | ystem, the sensor system venicle | |
| Changes/Cancellations | · | | | |
| I understand school trips may be o | | ncipal, superintendent, or board of | | |
| school system cannot guarantee ro significant change in plans prior to | | ions occur. Parents/guardians will b | e notified of any | |
| Expectations and Instructions | | | | |
| I understand the following is expe | cted of the student: | | | |
| To follow instructions give | en by the teachers/chaperones. | | | |
| | | authorization from a teacher/chape | rone. | |
| Comply with all school and | d district policies and rules of conduc | ct. | | |
| In the event any of the above expe | ectations or instructions are violate | d, I understand school officials rese | rve the right to remove the | |
| student from the trip and the stud | lent will be subject to school discipl | inary consequences. | | |
| Insurance Coverage | | | | |
| · | surance either through the school s | system's student insurance progran | n or through my own | |
| insurance carrier. | | | | |
| I request that | | (student) be allowed to particip | pate in the trip and/or | |
| | the risks inherent in the trip and/o | or activity planned, specifically con | | |
| | | authorize school officials to seek a | | |
| | | ity for all expenses. I understand the the event of such accident or eme | | |
| | | | U - · - 1 · | |

Date

Parent/Guardian Signature_

1713-a



| Parent/Guardian Name | Day Phone | | |
|---|--|--|--|
| Home Address | Evening Phone | | |
| Emergency Contact | Emergency Phone | | |
| Name of Insurance Company | Policy # | | |
| So | chool Trip Health Information | | |
| | ls of any student attending the school trip ca Parents of students with medical needs will i | | |
| In the event of an accident or emergency, t needed. | the below information may also be provided t | o emergency medical providers as | |
| If your child's medications, need for medications, need for medications, need for medications. (Teacher/Spon | al assistance, or medical conditions changes c sor) and provide updated school trip health in | ofter completing this form, formation. | |
| Student has no medication(s) and/o | or needs no medical assistance during this sc | hool trip | |
| Student requires medication(s) and | or medical assistance during this school trip | (*complete information below) | |
| Parent/Guardian will be attending t | the school trip and will provide medication(s) | and/or medical assistance for this student | |
| *List all daily and emergency medications (ir | ncluding dosage and time taken) that will be | needed during this school trip | |
| Medication | Dosage | Time | |
| | | | |
| | | | |
| | | | |
| | | | |
| Does the student require medical assistance | <u></u> | n(s)? | |
| If yes, describe: | | | |
| List all allergies: | | | |
| | | | |