

City Schools of Decatur

758 Scott Boulevard
Decatur, Georgia 30030
(404) 370-4400

To be used for out-of-town trip with transportation provided by independent contractor or
(commercial bus company).

Field Trip Release Form

To: Parent or guardian of _____

The following school activity or event has been scheduled for the above-named student's class on
(DATE):

DESCRIPTION OF ACTIVITY/EVENT:

Transportation will be provided by: DeKalb County Bus Services through City Schools of Decatur

A voluntary contribution of \$ _____ is requested to cover the cost of [transportation/admission fees/other costs]. No student will be denied the opportunity to participate because of failure to contribute; however, if enough funds are not secured, the field trip may be cancelled.

Please sign the permission form below and return it to your student's teacher no later than (DATE) _____ . No student can be permitted to participate in this field trip without a signed copy of this permission form on file.

(Do Not Detach)

_____ has my permission to participate in the above-described school activity or event. I hereby agree to release and hold harmless the City Schools of Decatur and its employees from any and all liability that may be associated with or arise from my student's participation in this activity or event. I further agree to release and hold harmless the City Schools of Decatur and its employees from any and all liability that may be associated with or arise from my student's transportation in relation to this activity or event.

In the event my student is involved in an emergency or accident during this activity or event, I hereby (**grant/do not grant**) permission to the City Schools of Decatur employees who are present during the emergency or accident to obtain medical care and/or treatment for my student.

Also in the event my student is involved in an emergency or accident during this activity or event, I hereby (**grant/do not grant**) permission to medical professionals to provide medical care and/or treatment to my student if I am not present.

Signature of parent/guardian

Date

Emergency information

Printed name of parent/guardian: _____

Telephone number of parent/guardian: _____

Name of emergency contact: _____

Telephone number of emergency contact: _____

Name of Insurance Provider: _____

Name of Insurance Policy Holder: _____