

Franklin County Career and Technology Center
2463 Loop Road, Chambersburg, PA 17201-8895
Phone (717) 263-9033 Fax (717) 263-6568

FIELD TRIP PERMISSION AND LIABILITY FORM

I hereby give permission for _____ to go on a field trip to
_____ on _____ with
transportation provided by _____.

All possible care and precaution will be taken to safeguard your son/daughter from accident or injury. In the event the above named student is hurt or injured during this trip. The Franklin County Career and Technology Center will not be responsible to pay any prescriptions, doctor, or hospital bills, or any sum of damages to the student, or the student's parents.

In the event your child becomes ill and may require medical treatment, the following will apply:

- A. Permission is granted for the above named child to receive medical treatment at the nearest hospital.
- B. The staff is allowed to release medical information pertinent to the above named child.
List any medical problems _____

- C. We carry medical insurance with _____
(Name of Insurance Company)

The estimated time / date of departure is _____

The estimated time/date of return is _____

The trip will be supervised by _____

Student signature: _____

Parent or Guardian's signature: _____

Home phone number: _____ Work phone number: _____

Person and phone number to call in case of emergency: _____

STUDENTS ARE NOT PERMITTED TO DRIVE – MUST RIDE BUS