

**Leesville High School
School Field Trip Parental Permission Form**

Dear Mrs. Phillips,

_____ has our permission to participate in the trip shown below. We have read and/or discussed the rules of this trip with our son/daughter. We relieve the Vernon Parish School Board, Leesville High School faculty and administration, and sponsors of this activity of any responsibility for our son/daughter other than reasonable and prudent supervision and care from the time of departure until the time of return. We understand and agree that if our son/daughter violates any rules, the advisors will notify us and send our son/daughter home at our own expense on the first available means of public transportation.

Trip _____ Date _____

Student's Signature

Parent's Signature

Dear Mrs. Phillips,

I give my word that if I am allowed to attend the trip listed above that I will abide by all of the rules given to me either in writing or verbally pertaining to this trip. I have been informed of these rules and have discussed them and my conduct with my parents. I understand and agree that if I break any rule at any time I will be sent home immediately at my parent's expense and will lose my membership in the organization that I am representing. I will be subject to the appropriate school disciplinary action just as if I had broken this rule on school campus, and I will be barred from participating in all future school trips.

Student's Signature

Parent's Signature

FIELD TRIP/ATHLETIC EVENT AUTHORIZATION FOR STUDENT MEDICAL TREATMENT

Dear Mrs. Phillips,

I understand that the administrators, coaches and other sponsors often encounter problems in obtaining needed medical treatment for children on school trips and athletic or other events due to lack of authorization by parents.

The sponsors of the school trip or event listed below in which my son/daughter is participating are hereby empowered by me to authorize physicians and medical facilities to administer necessary emergency care and treatment for my son/daughter. The payment for such care will be my responsibility.

Authorization for (Student's name)

Event

Parent/Guardian Signature

Date