

**FIELD TRIP AUTHORIZATION FORM  
PUTNAM CITY PUBLIC SCHOOLS**

I hereby acknowledge that my child is currently a student at Putnam City Public Schools (District) and will be participating in academic or extracurricular activities at another location. I, the undersigned parent or legal guardian, give my consent for \_\_\_\_\_, to participate in school-sanctioned activities as a member of the Putnam City North Orchestra during the 2023-2024 school year. Students are subject to the school rules and regulations when participating in any off campus event with the PCN Orchestra. I understand that any student who does not conduct himself/herself properly may be: (a) sent home at the parent's expense; (b) prohibited from participating in future off-campus activities; and/or (c) subject to appropriate disciplinary action.

I hereby acknowledge that my child is currently a student at Putnam City Public Schools (District) and will be participating in academic or extracurricular activities at another location.

Student's Name: \_\_\_\_\_ DOB: / \_\_\_\_ / \_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Parent or Guardian Names:

Home #: \_\_\_\_\_ Cell \_\_\_\_\_ Work #: \_\_\_\_\_

Additional Contact Person(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

List allergies or special considerations for your child:

**MEDICATION: IF your child takes medication please complete the back side of this form.**

**CONSENT:**

I understand that in the event of a medical emergency, 911/Emergency Medical Services will be called and my child will be transferred to a medical facility. I understand the arrangements and believe that the necessary precautions and plans for care and supervision of the children during the field trip will be taken. I understand that all applicable rules of the District will remain in effect during the course of the field trip and any violation of such rules will result in consequences in accordance with district policy upon return. I further understand that if my child is removed from this trip for any reason, no refunds will occur.

In consideration of the advantages of my child participating in this field trip, I hereby release the District, its officers, agents, employees, affiliates, and successors, and assigns from any and all liability, claims, and losses of every kind which I now have or which may accrue later and which relate to any action, inaction, or negligence arising out of, related to, or connected with my child's involvement in the aforementioned field trip. If my child is injured in any way during the course of the field trip, I agree to look to my own resources and/or my own insurance to cover any medical bills or other losses that I may suffer. By signing this document, I acknowledge that I have read this agreement, understand its contents, and am voluntarily agreeing to be bound by its terms and conditions. I hereby consent to my child's participation in and attendance on the aforementioned field trip.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_

\*\*Student may print and sign above if over 18 years of age.

