

RALEIGH COUNTY BOARD OF EDUCATION

PARENTS/LEGAL GUARDIAN CONSENT AND AUTHORIZATION FOR TRAVEL

I, _____, the parent/legal guardian of
(Print Name)

_____, do hereby grant my consent and authorization for my child to travel with the following travel group sponsored by the Raleigh County Board of Education.

School: _____ Date: _____

Destination: _____

Teacher/Chaperone: _____

Other Information:

Date

Parent/Legal Guardian Signature

Parent's Statement of Responsibility

By granting permission for my child to attend the travel outing referenced above, I do hereby agree that the teacher/chaperone in charge of the outing shall have the authority to regulate the behavior of my child. I understand that the teacher/sponsor has the right to prematurely terminate my child's participation in the trip, if my student's behavior warrants such action. In such an instance, the cost of my student's premature transportation home is my responsibility. Students are expected to abide by the requirements of the Raleigh County Discipline Policy and the Safe Schools Plan.

Date

Parent/Legal Guardian

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EMERGENCY MEDICAL TREATMENT
STUDENTS

Applicant's Name _____
Last First

Address _____

Telephone Numbers: () _____ () _____ () _____
Home Parent's Work Parent's Work

Allergic to any Medication? ___ If yes, please explain:

Has applicant had tetanus shots? _____ When: _____

Family Physician: _____ Tel. () _____

Instructions for emergency medical treatment:

Are there existing medical problems that the sponsor should be aware of?
_____ Yes _____ No. If yes, describe:

Insurance Company: _____ I.D Number _____

Parent or Guardian: I hereby grant permission for the above to participate in extra or co-curricular activities. In the event of accident or medical illness, permission is granted for any such medical and/or surgical treatment as may be necessary. Every effort will be made to notify me before any major treatment is undertaken.

Signature of Parent or Guardian