

## GUILFORD COUNTY FIELD TRIP INFORMATION/PERMISSION SLIP

Dudley High School

SCHOOL: \_\_\_\_\_

A field trip has been planned that will serve as an enrichment experience for those students participating. The trip will serve as a preparatory/follow-up activity to enrich a regularly scheduled part of the instructional program. Students will not be allowed to make the trip unless parental permission is granted. The school system is responsible for students based on the laws of the state of North Carolina. In the event that an accident happens, medical assistance should be sought immediately. The parent will be contacted, and medical charges will be assigned to the parent or guardian. The behavior of our students as it relates to a field trip is of critical importance. Students are always expected to be on their best behavior. Regrettably, inappropriate behavior can result in disciplinary action, including in extreme cases being returned home separately at the parent's expense. The following details are provided for your information:

DESTINATION: Downtown Greensboro, Elm Street  
SUPERVISING TEACHERS: Dr. Roger D. Jackson, Jr.  
DEPARTURE DATE: 12/7/24 TIME: 10:00 am  
RETURN TO SCHOOL: 12/7/24 TIME: 3:00 pm  
METHOD OF TRANSPORTATION: GCS Activity Bus  
OTHER: N/A  
OTHER MONIES NEEDED: N/A ADMISSION, ETC.)  
ARRANGEMENT FOR MEALS: Eat Prior to Attendance

PARENTS: Please retain the top part of this form for your reference and information. (Complete the information below, cut along the dotted line, and return the bottom of this sheet to the school by 12/2/24.)  
(Date)

### PARENTAL FIELD TRIP CONSENT FORM

Destination: Downtown Greensboro, Elm Street

Teacher: Dr. Roger D. Jackson, Jr.

I hereby certify that (student's name)

\_\_\_\_\_ has permission to participate in the field trip according to the policies and provisions as stated above. In the event of an accident or medical emergency, I authorize the supervising teachers to seek medical assistance, and I will assume responsibility for all expenses.

I authorize the following regarding medications. Initial those applicable:

\_\_\_\_\_ none to be taken.

\_\_\_\_\_ authorized per existing "Authorization of Medication for a Student at School" form.

\_\_\_\_\_ authorized per the attached special authorization form (submit the "Authorization of Medication ... " form found at Procedure JGCD-P to include medicines beyond the normal school day during this trip).

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

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Student's Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

If parent cannot be located in the event of an emergency, contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_