FORSYTH CENTRAL HIGH SCHOOL ACTIVITY/FIELD TRIP PERMISSION FORM

STUDENT NA	AME			
ID NUMBER_				
DATE OF ACTIVITY				
TYPE ACTIV	TTY			
DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR NEEDS? YES NO				
INSURANCE COMPANY		POLICY NUMBER		
EMERGENCY CONTACT		PHONE (H)	(W)	
I AM AWARE	THAT MY CHILD W	ILL PARTICIPA	ATE IN THIS ACTIVITY AND	THAT HE/SHE WILL
		_	REE TO ASSUME RESPONSI	***
UNFORSEEN	ACCIDENT THAT M	IIGHT OCCUR	DURING TRAVEL OR PART	ICIPATION IN THIS
ACTIVITY. 1	ALSO AUTHORIZE A	NY EMERGEN	CY MEDICAL TREATMENT	THAT MAY BE
NECESSARY.	I FURTHER UNDER	RSTAND THAT	MY CHILD IS REPRESENTI	NG OUR SCHOOL AT ALL
TIMES DURI	NG THIS TRIP AND A	MUST COMPLY	WITH ALL REGULATIONS	OF THE SCHOOL AND
OBEY TEACH	IERS. SPONSORS OR	CHAPERONS	WHO ARE IN CHARGE OF T	THIS ACTIVITY.
I ALSO UNDE	ERSTAND THAT STU	DENTS ARE RI	ESPONSIBLE FOR OBTAINI	NG/MAKE UP OF
INFORMATIO	ON MISSED IN CLAS	S.		
**FOR ALL E	VENTS OCCURRING	DURING THE	REGULAR SCHOOL DAY, S	TUDENTS ARE
EXPECTED A	ND REQUIRED TO R	RETURN TO CL	ASS IMMEDIATELY UPON I	RETURN TO SCHOOL OR
CONCLUSIO	N OF THE EVENT. A	STUDENT'S F	AILURE TO RETURN TO CL	ASS IMMEDIATELY
UPON RETUR	RN TO SCHOOL OR C	CONCLUSION (OF THE EVENT IS CONSIDE	RED SKIPPING UNDER
THE FCS COL	DE OF CONDUCT A	VD WILL RESU	LT IN DISCIPLINARY ACTION	ON.**
PARENT NAME (PRINT)			PARENT SIGNATURE	
			STUDENT SIGNATURE_	
PARTICIPAT		ISTED ACTIV	E ABOVE STUDENT MAY N ITY. STUDENTS MAY BE R	
ACIIVIII D	OE TO FAILING GR	ADES AND/OR	ATTENDANCE.	
CLASS	SUBJECT	APPROVE	DISAPPROVED'REASON	TEACHER
				SIGNATURE
1				11
2				
<u>~</u>				

FIELD TRIPS RETURN TO TEACHER SPONSOR.

COLLEGE VISITS RETURN TO ATTENDANCE OFFICE.
PERMISSION FORMS DUE 10 DAYS PRIOR TO ACTIVITY.

BUS PERMISSION AND ROSTER DUE TO TRANSPORTATION 10 DAYS PRIOR TO ACTIVITY.

ROSTER DUE TO ATTENDANCE DAY BEFORE ACTIVITY.

5 6 チ Inst. Focus