

**FRANKLINTON AREA COMMUNITY THEATRE  
FIELD TRIP PERMISSION FORM**

The following student is a member of the Franklinton Area Community Theatre. Each year we provide in-county field trip opportunities to the schools of Franklin County. This year a combination of high school and homeschool students will come to our dress rehearsal performance of *The Addams Family Musical*. We ask that you allow our members to participate in this field trip so that we can provide this opportunity to area schools. Students should be marked present as they are physically located in a Franklin County School and are on a Franklin County field trip. Students will be responsible for making up any work that they miss during this absence. Please feel free to contact Windy Edwards at Central Office with any questions.

My child \_\_\_\_\_ has permission to go on a field trip:

To Franklinton High School with Franklinton Area Community Theatre (FACT) on **Wednesday, April 6, 2022**, from 8:30 to 3:30. Lunch will be provided by FACT. Parents are responsible for their student's transportation.

Principal's Approval: \_\_\_\_\_

PARENTAL CONSENT FOR SCHOOL FIELD TRIPS

My child understands and accepts that all school rules apply while on this trip. The Franklin County School System carries a student accident insurance policy to help cover the cost of accidental injuries to any student on a school-sponsored field trip. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicle accident up to the limits of the policy. I grant permission to the attending physician or emergency medical technician(s) to proceed with any medical or surgical treatment for my child.

The medical insurance company name is \_\_\_\_\_.

The insurance number for my child is \_\_\_\_\_.

I have read the above statements regarding accident insurance coverage on Franklinton High School trips. I understand that any accident/incident related expenses other than as covered above would be my responsibility. I consent to my child's participation in this activity and hereby release, waive, relinquish and completely discharge any and all rights, claims, and causes of action that the undersigned parent might have or might attain against the Franklin County School system, the Franklin Board of Education, and all agents and employees of the same arising out of the negligence of said School Board and system, its agents and employees, resulting in injuries, illnesses, and/or death of the above named student occurring en route to the field trip, while on the field trip, and while returning from the field trip.

\_\_\_\_\_  
Date Parent's Signature

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TEACHER APPROVAL FOR A FIELD TRIP

Signature of teacher indicates that the academic progress of the named student is satisfactory. Teacher's signature gives approval for the student to miss class on the date indicated in order to go on a field trip.

Date \_\_\_\_\_ Periods to be missed \_\_\_\_\_

1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_