

Suwannee County School Board  
Field Trip Permit

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School

Student Name \_\_\_\_\_

Trip/Destination \_\_\_\_\_

Departure Date/Time \_\_\_\_\_ Return Date/Time \_\_\_\_\_

My child, named above, has my permission to participate in the activity described on this form.

I authorize the Suwannee County School Board to seek medical treatment for the above named student/participant in case of an emergency and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify Suwannee County School Board, its agents, representatives and employees from any and all claims, damages and liabilities which may arise out of or in connection with the above named students participation in this activity.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Emergency Information

Emergency Contact Numbers:

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Date Last Tetanus Shot \_\_\_\_\_

Insurance Company \_\_\_\_\_ Account/Group No. \_\_\_\_\_