

SPECIAL ACTIVITIES/FIELD TRIP
PERMISSION FORM

FILE: IGB-E/IICA-E

TRANSYLVANIA COUNTY SCHOOLS
SPECIAL ACTIVITIES PERMISSION FORM

Activity _____ *

School _____

Location/Destination _____

Supervising Teacher _____

Date _____

Principal _____

The parent (student) agree and undertake to save and hold harmless the Transylvania County Board of Education and its employees from any and all claims for damage to person and/or property that may result from activities conducted off campus unless the damage is brought about or caused by the negligence of the employee(s) of the Transylvania County Board of Education.

I hereby certify my approval for _____
(student's name)

I do not certify my approval for _____ **
(student's name)

Parent/Guardian's signature _____ Date _____

Student's signature _____ Date _____
(If eighteen years of age or older)

*Notification to the parent/guardian giving the date, time, objective(s) and description of the field trip/lesson(s) shall be attached to this permission form.

**A student not participating in a field trip, special program, or lesson(s) shall be given another assignment at school. A student not returning the form shall not be allowed to participate.

APPROVED BY BOARD
AND EFFECTIVE 12/2/80
REVISED 7/24/95