



DODDRIDGE COUNTY ELEMENTARY SCHOOL

182 Doddridge County School Road
West Union, WV 26456

Mr. Chad Ash, Principal
Telephone (304) 873-3294 Fax (304) 873-3297

2019-2020 FIELD TRIP PERMISSION & MEDICAL CONSENT FORM SEASONAL ACTIVITIES

For students who are part of a school sponsored activity that takes place off school property occasionally such as field trips in and out of the county.

It will not be necessary for my son/daughter to have a permission form signed by me each time he/she leaves school property to participate in the school event. Parents will be notified by the classroom teacher prior to scheduled trips. Parents have the option to request their child not participate.

_____ has my permission to participate in any off-school event for the
(Student's Name)

2019/2020 School year.

The Doddridge County Schools' Student Code of Conduct applies to all students during a field trip.

PLEASE PROVIDE THE FOLLOWING HEALTH INFORMATION, IF APPLICABLE:

MEDICATION _____

ALLERGIES _____

SPECIAL HANDLING _____

PLEASE PROVIDE THE FOLLOWING MEDICAL INSURANCE INFORMATION:

NAME OF DOCTOR _____ NAME OF INSURANCE COMPANY _____

DOCTOR'S PHONE NUMBER _____

In the event of an emergency and I cannot be reached, please contact the following person:

NAME _____ RELATIONSHIP _____

PHONE(S) _____

I recognize that while on a field trip, medical treatment on an emergency basis may be necessary, and I further recognize that school personnel may be unable to contact for my consent for emergency medical care. Therefore, I do hereby consent in advance to such emergency care including hospital care as may be deemed necessary under the existing circumstances. In addition, I have discussed with my children the necessity of acting responsibly while on the trip.

In consideration of my child being able to participate in this event I relieve and hold harmless members of the Board of Education, its employees and agents for any claims, lawsuits and judgments arising out of the operation of a vehicle operated by school personnel.

Parent/Guardian Signature

(Please print name)

Home Phone

Work Phone

Cell Phone

Date

(A COPY OF THIS COMPLETED FORM MUST BE IN POSSESSION OF TEACHER/SUPERVISOR WHILE ON EVENT)