

Hamilton County Schools

Field Trip Permission Slip

School	Grade/Course	
Destination and Event		
Trip Date	Departure time	Return time
No. of Teachers/Chaperones	Instructional value of tri	ip/relationship to classroom activities:
Provision for students not attending		
Name of Teacher(s)/Chaperone(s)*		
	me	
Car / List Driver	s	<u>_</u> _
Fee Requested \$ Permis	ssion Slip and Fee Due to Te	eacher by:
However, if enough funds are not prov	ided, this trip can be cancell	ction with a class is offered without charge. led. Any received funds will be refunded.
All rules of conduct that are in effect of		-
Field Trip Destination		Trip Date
 supervisory capacity for personal inju I/we further authorize the above mer hospitalization or surgery that may be 	any and all liability and otherwise ary, property or other type of loss ationed teachers/chaperones to s ecome necessary in my absence a amilton County School officials wi	(Student Name) e hold harmless all school personnel acting in their which occurred as a result of this activity. seek and arrange for emergency medical care, and I/we will assume financial responsibility for same. Il make every reasonable effort to properly
Student Signature P	Parent(s) Signature	Emergency Phone
List any special medical requirements or allergies:		
Online payment: https://hcde.schoolcashonline.com	Payment confirmation #	

*A chaperone is a non-HCDE adult who has an approved background check on file and will have unsupervised contact with students during the field trip. A volunteer is a non-HCDE adult who assists the teacher(s) during the field trip but will not have any direct unsupervised contact with students.

Revised 08/23