

Please complete in English.

Chapel Hill-Carrboro City Schools  
**PARENT/GUARDIAN INFORMED CONSENT FOR FIELD TRIP**

→ Student Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

**General Information**

The CHHS Orchestra is planning a trip to Carawinds Festival of Music.  
 The purpose of the trip: Performance Evaluation  
 The date(s) of the trip: April 8, 2022 (Friday)  
 Students will leave CHHS (location) at 7:00 am (time) and will return to CHHS (location) at 10:00 pm (time).  
 Cost of trip per student: \_\_\_\_\_

**Type of Transportation**

Activity/district Bus    City Bus    Walking    Airplane    Train    Charter Bus  
 Privately Owned Vehicle (*parents can ONLY transport their child--additional permission form required*)

**Medical Information**

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.) \_\_\_\_\_

The following medications, prescriptions or special diets are needed \_\_\_\_\_  
*Note: If a student has an Individual Health Plan on file at the school, it will be attached for reference during the trip.*

**Medical Release**


In the event of an accident or illness, I understand that reasonable efforts will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone No. (    ) \_\_\_\_\_  
 Name of Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Does your child have Medical Insurance coverage?    Yes    No

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. If you have questions or concerns about this activity, please contact. \_\_\_\_\_

**I fully understand that I must assume financial liability in the event that a trip must be cancelled & all advance payments cannot be recovered.**

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for (student) \_\_\_\_\_ to participate in the activity and authorize to the district to seek medical release in the event it is needed.

 **Parent/Guardian signature reflects his/her knowledge and approval of the activity described above. Parent Permission must be given to the school before the student is involved in the activity.**

Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
 Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_