FIELD TRIP PARENTAL PERMISSION FORM TRIP FORM

ALEXANDER CITY BOARD OF EDUCATION

School/Department_	ACMS/BRHS (Athletics		Date
	rdian(s)/Custodian(s)		
From: your Child's Te	eacher/Coach/Sponsor		
A school activity has blisted below:	peen planned away FROM So	CHOOL. The specific info	rmation relative to the activity is
Proposed School Activ	vity various trips involved	l with athletics during	the 2018-19 school year
Date(s) of Activity	2018-2019 School Year		
Name of Person(s) in	Charge_ ACS Coaching St	taff	
Trip Destination(s)	See Athletic Schedules		
Departure Time An	nounced by the Coach	Expected Time of	Return Announced by the Coach
Cost to Your Child \$		(r	Make checks payable to the school)
Type of Transportatio	n: School Bus; Comm	ercial Carrier; Priva	te vehicle; Walking
THIS FORM MUST BE	RETURNED TO THE PERSON	IN CHARGE BY	
	COMPLETED BY PARENT/GUA		
My child may	may not p	participate in the above	named activity.
needed information a to the person(s) in ch	isked for below, sign your na	ame in the space provide your child to make the tr	tion provided above, please fill in the ed, and return this form by your child rip, sign your name in the space
	cy medical treatment facility		receive medical treatment at tall treatment shall be at the expense
My child is covered by	y medical insurance	YesNo	
If yes, please list the r	name of insurance carrier an	d policy number: Carrie	
Policy #	Market Commonwell and Argue and Street Commonwell		
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Parent/Guardian/Cus	todian Signature	Dat	ė

Note: Children will not be permitted to go on field trips without a signed Field Trip Parental Permission Form on file) or each trip or associated series of trips such as football, basketball, etc. (If a series of activities (athletic games, etc.), attach schedule of activities to this form.