

**GUILFORD COUNTY SCHOOLS
FIELD TRIP INFORMATION/PERMISSION SLIP**

SCHOOL: Grimsley Senior High School – Marching Band

A field trip has been planned that will serve as an enrichment experience for those students participating. The trip will serve as a preparatory/follow-up activity to enrich a regularly scheduled part of the instructional program. Students will not be allowed to make the trip unless parental permission is granted. The school system is responsible for students based on the laws of the state of North Carolina. In the event that an accident happens, medical assistance should be sought immediately. The parent will be contacted, and medical charges will be assigned to the parent or guardian. The behavior of our students as it relates to a field trip is of critical importance. Students are always expected to be on their best behavior. Regrettably, inappropriate behavior can result in disciplinary action, including in extreme cases being returned home separately at the parent's expense. The following details are provided for your information:

DESTINATION: Atlanta, GA (World of Coca Cola, Georgia Aquarium, Six Flags, Medieval Times)

SUPERVISING TEACHER: Mr. Jeremy Ray

DEPARTURE DATE: March 26th **TIME:** 6:00 a.m.

RETURN TO SCHOOL: March 28th **TIME:** approximately 12:00am Sat night/Sunday morning

METHOD OF TRANSPORTATION: Deluxe Motor Coaches

COST: \$450

OTHER MONIES NEEDED: Spending money, souvenirs, snacks, meals

ARRANGEMENT FOR MEALS: 5 meals will be provided (lunch 3/26, supper 3/26, breakfast 3/27, breakfast 3/28, lunch 3/28). All other meals are the student's responsibility. See itinerary for details.

Parents: Please complete the information below and return to the school with your non-refundable deposit no later than **November 1, 2019** to ensure your student's participation.

I hereby certify that (student's name) _____ has permission to participate in the field trip according to the policies and provisions as stated above. In the event of an accident or medical emergency, I authorize the supervising teacher to seek medical assistance, and I will assume responsibility for all expenses.

I authorize the following regarding medications.

Initial those applicable:

___ none to be taken.

___ authorized per existing "Authorization of Medication for a Student at School" form.

___ authorized per the attached special authorization form

(submit the "Authorization of Medication..." form found at Procedure JGCD-P to include medicines beyond the normal school day during this trip).

Parent Signature: _____

Phone Number: _____

Address: _____

Date of Student's Birth: _____

Doctor's Name: _____

Phone Number: _____

Name of Insurance Company: _____

Policy Number: _____

If parent cannot be located in the event of an emergency, contact:

Name: _____

Phone Number: _____

Address: _____

Date: _____

SUBMIT THIS FORM, \$100 PAYMENT & PAYMENT COUPON #1 TO MR. RAY:

MAKE CHECK TO: GHS BAND BOOSTERS

****INCOMPLETE FORMS WILL BE RETURNED****