

# Jones County Schools

## Field Trip Permission Form

125 Stewart Ave  
Gray, Georgia 31032  
(478) 986-6580



I am the parent or legal guardian of \_\_\_\_\_  
and by signing this statement, I give my consent and permission for my child to go with

Name of Group	Name of Faculty Member(s)	Position
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To \_\_\_\_\_

I understand that \_\_\_\_\_ will travel by \_\_\_\_\_

Will leave from \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_ Date Time Will return to \_\_\_\_\_ on

\_\_\_\_\_ Date Time for the purpose of attending

\_\_\_\_\_ Activity

I have reviewed and am familiar with the itinerary. I consent to my child's participation in these activities except as follows (please sign for permission at the bottom of the page).

Exceptions: \_\_\_\_\_

### Emergency Information

Contact Information	Contact1- Parent or Guardian	Contact 2-Parent or Guardian
First and Last Name		
Address		
Home Phone		
Alternate/Cell number		
Work Number		
Work Address		

I understand that during the trip my child will be subject to the policies, rules, and regulations of the school and the Board of Education. I have read and fully understand the contents of this form. Finally, I hereby give school staff permission to authorize medical treatment for my child in the event of illness or accident.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date