

**BARTOW COUNTY HIGH SCHOOL DISTRICT**  
**WOODLAND HIGH SCHOOL**  
**OVERNIGHT FIELD TRIP PERMISSION FORM**  
(Parent/Guardian & Teachers)

TO WHOM IT MAY CONCERN:

I hereby grant permission for \_\_\_\_\_  
(Student Name) (Student Number)

to participate in an overnight field trip or activity to: Washington D.C. and Williamsburg, VA and all other events as listed on official itinerary. Sponsored by Woodland Band Boosters/Woodland High School Band on April 5-10, 2017 leaving school April 5, morning and returning April 10, evening. Transportation for the activity will be provided by: Charter Bus.

**I understand that any misconduct (by school authority standards) on my part will result in non-participation in future activities and that severe misconduct might result in the high school taking disciplinary action.**

\_\_\_\_\_  
**Student's Signature**

I understand that this is a school-sponsored trip and all school rules and guidelines apply.

I understand that all students participating in this trip will be responsible in conduct to the driver and to the teachers or adult sponsors at all time. It is further understood that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made.

I understand that as per all State of Georgia Laws & Guidelines that all persons making a field trip or excursion shall be deemed to have waived all claims against the District or the State of Georgia for injury, accident, illness or death occurring during or by reason of the field trip or excursion, and I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against Woodland High School & The Bartow County School District for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the school staff to secure proper treatment for my son/daughter/guardian.

Date: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

**Parent/Guardian Phone number** \_\_\_\_\_

**RETURN PERMISSION SLIP TO Mr. Willoughby/Mr. Kobito BY Monday, March 20, 2017**