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إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم بالرقم (199)

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학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303 Nếu quý vị cần sự thông dịch miền phí để hiểu phương pháp trường học, xin vui lòng gọi số diện thoại (919) 852-3303

如果您需要服务来了解学校流程,请 致电 (919) 852-3303

## PARENTAL CONSENT AND STUDENT MEDICAL INFORMATION FOR SCHOOL TRIPS

BY SIGNING THIS CONSEN	INFORIVIATION FOR IT FORM, I CERTIFY THAT I HAVE READ	A SCHOOL TRIPS  AND UNDERSTAND THE INFORMATION	N BELOW AND THAT ANY
INFORMATION I HAVE PR  • I ASSUME RESPONSIBILIT	OVIDED IS ACCURATE AND COMPLETE Y FOR CONTACTING	TO THE BEST OF MYKNOWLEDGE.  (TEACHER/SPONSOR) IF THERE IS	ANY CHANGE TO MY CHILD'S
MEDICATIONS, NEED FOR BACK OF THIS FORM	MEDICAL ASSISTANCE, OR MEDICAL C	CONDITION AFTER I COMPLETE THE HEA	ALTH INFORMATION ON THE
IF THIS FORM IS NOT COMPERMITTED TO PARTICIPA	MPLETED AND RETURNED BY ATE AND WILL REMAIN AT SCHOOL IN A	(DATE MM/DD/YYY) A SUPERVISED ACTIVITY	), THE STUDENT WILL NOT BE
School	Name	e ofTeacher/Sponsor	
TRIP/ACTIVITY PLANNED	DATE(S) OF TRIP/ACTIVITY*	PURPOSE OF TRIP/ACTIVITY	TRANSPORTATION (WCPSS Vehicle, Charter Bus/Contract Vehicle, Privately-owned Vehicle**)
1			
*Attached is an itinerary that i of departure and return	ncludes the place or places to be vis	sited, a daily schedule of activities, c	and the dates, times, and places
** 14/6 a.a. muivatalv. avva ad vahi	ialaa ayaa waad fay buunan aybiin ay abooda	المالية المستعددة المتعددة الم	
		ents, only the vehicle owner's liabilit ned by Wake County Public School S	
liability coverage is applicable		ned by trake country rubne concore	rystem, the sensor system vemere
Changes/Cancellations	,		
I understand school trips may be o		ncipal, superintendent, or board of	
school system cannot guarantee ro significant change in plans prior to		ions occur. Parents/guardians will b	e notified of any
Expectations and Instructions			
I understand the following is expe	cted of the student:		
<ul> <li>To follow instructions give</li> </ul>	en by the teachers/chaperones.		
•	_ : : :	authorization from a teacher/chape	rone.
<ul> <li>Comply with all school and</li> </ul>	d district policies and rules of conduc	ct.	
In the event any of the above expe	ectations or instructions are violate	d, I understand school officials rese	rve the right to remove the
student from the trip and the stud	lent will be subject to school discipl	inary consequences.	
Insurance Coverage			
I represent that the student has in	surance either through the school s	system's student insurance progran	n or through my own
insurance carrier.			
I request that		(student) be allowed to particip	nate in the trip and/or
	the risks inherent in the trip and/o	or activity planned, specifically cons	
participation. In the event of an a	ccident or a medical emergency, I	authorize school officials to seek a	nd consent to emergency
		ity for all expenses. I understand the the event of such accident or eme	
the contact information provided	below to attempt to contact me in	i the event of such accident of eme	igency.

Date

Parent/Guardian Signature\_

1713-a



Parent/Guardian Name	Day Phone			
Home Address	Evening Phone			
Emergency Contact	Emergency Phon	e		
Name of Insurance Company	Policy #			
So	chool Trip Health Information			
<ul> <li>In the event that the routine medical need licensed nurse may be required to attend. school nurse.</li> </ul>	ds of any student attending the school trip ca Parents of students with medical needs will I	nnot be met by school employees, a be contacted directly by the assigned		
<ul> <li>In the event of an accident or emergency, the below information may also be provided to emergency medical providers as needed.</li> </ul>				
If your child's medications, need for m	al assistance, or medical conditions changes a sor) and provide updated school trip health in	fter completing this form, formation.		
Student has no medication(s) and/or needs no medical assistance during this school trip				
Student requires medication(s) and	or medical assistance during this school trip	(*complete information below)		
Parent/Guardian will be attending to	the school trip and will provide medication(s)	and/or medical assistance for this student		
*List all daily and emergency medications (in	ncluding dosage and time taken) that will be	needed during this school trip		
Medication	Dosage	Time		
Does the student require medical assistance, other than the administration of medication(s)?				
	Yes No			
If yes, describe:				
List all allergies:				
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