



Vicksburg High School Field Trip Behavior Form

This form should be used to notify classroom teachers of a student's intent to miss regular class to engage in a school related event. If a teacher has any behavioral or academic problems or concerns, please document in the appropriate section.

Student Name: _____

Sponsor : Mrs. Lindsey

Date(s): December 13, 2018

Time: 8:45 a.m. - 2:30 p.m.

This form should be completed by all of the teachers before parent or principal signature.

Period	Academic Performance Acceptable/ Unacceptable	Behavioral Performance Acceptable/ Unacceptable	Teacher's Signature
1			
2			
3			
4			
5			
6			
7			
8			

Parent's Signature: _____

Principal's Signature: _____

Revised 9/1/2016

**VICKSBURG WARREN SCHOOL DISTRICT
FIELD TRIP PERMISSION RELEASE FORM**

The Career Academy has planned an off campus field trip to Nissan Plant.

This field trip is scheduled for 12/13/2018 and travel will be by school bus. Buses will depart at 8:45 a.m. and will return at 2:30 pm. Please be on time. We will eat lunch in Jackson, MS. Please bring money for food.

I/We _____, being the parent (s), legal guardian(s) of

_____ give my/our permission for participation in this trip and all activities planned in conjunction with the trip. I have signed the reverse side of this form to acknowledge the academic and behavioral performance of my child.

He/she has been determined to have allergic reactions to the following medications:

_____. He/she requires the following medications for the treatment

of _____. He/she is covered for medical/dental treatment under

_____ (insurance carrier), Policy number _____.

I/we recognize that during the course of the off-campus activity described above that my child may become ill or be subject to injury. Accordingly, I/we authorize the responsible administrator(s), teacher(s), adult chaperone(s) or sponsor(s) to consent to and to secure any emergency medical treatment that may be required.

I/We assume the risk of illness or injury on behalf of my/our child and in the event that physicians, other health care providers or persons trained in primary first aid as volunteers, render aid to my/our child. I/We release such persons and the Vicksburg Warren School District, its agents, and employees from any liability for all such actions taken in good faith in rendering such aid.

Date _____

Parent/Guardian