



JOHNSON CITY SCHOOLS

Post Office Box 1517, Johnson City, TN 37605 (423) 434-5200 Fax: (423) 218-4968

Dr. Steve Barnett, Superintendent of Schools

Student Field Trip Permission Form 3.404

This portion completed by Teacher

School Science Hill HS Class Band Approximate # of adults: 20

Location: All Band Events - 2023/24 School Year

Purpose of Trip: Band Performance

Leaving- Day/Date: All-Dates Time leaving: TBA

Returning-Day/Date: All-Dates Time returning: TBA

Cost: \$ NA Check or Cash Payable to: NA

Teacher: Carson Vermillion Contact information: 423-557-5017

Chaperones Band Parents

Please return permission slip to your child's teacher by 8-16-23

Choose All that apply/Students will travel by:

JC Transit Bus Charter Bus Chaperone Vehicle Driver Name Carson Vermillion

(Chaperone drivers have been approved by the district through background checks, automobile insurance, and driver's license info)

This portion completed by Parent/Guardian

I give my child (student's name) _____, permission to attend the field trip as detailed above. My child has permission to ride in the vehicle of _____.

I enclose \$ _____ (exact cash or check payable to school) to cover the cost of the trip.

I give permission for my child to receive emergency medical treatment. In case of emergency, please contact:

	Name	Phone Number
1.		
2.		
3.		

My child has the following dietary or medical needs:

My child and I are familiar with the school's code of conduct and agree that he/she will abide by all rules and regulations while attending this school function.

Parent/Guardian Signature _____ Date _____

Teacher Signature _____ Date _____

Johnson City Schools
Field Trip Permission Form

Science Hill High School
Dr. Josh Carter, Principal
Dr. Steve Barnett, Superintendent of Schools

Student: _____ **DOB:** _____ **Grade:** _____
Important Contact Information: Mother's Name: _____ Phone: _____
Fathers Name: _____ Phone: _____
Other Contact Name: _____ Phone: _____

_____ is a member of the Science Hill's _____ **BAND** and has my
(Student's name) (Organization)
permission to attend _____ **ALL BAND EVENTS** to be held in _____ **ALL LOCATIONS** on
(Activity) (Location)
_____ **2023-2024 SCHOOL YEAR**. I agree to the following:
(Date)

1. I have been provided with all necessary information regarding this field trip, including the purpose, date, approximate time of departure and return, travel plans, number of chaperones and personal expenses.
2. I understand that the teachers in charge of the classes proposing to make the trip will determine which students may participate, however, if a question regarding participation arises, the final decision will be made by the administration.
3. I understand that while on the field trip, student must remain with the group at all times. Written requests for alternative arrangements will be considered, but must be approved in advance of the trip.
4. Students must at all times abide by Johnson City Schools System's Code of Conduct, the Science Hill High School handbook for students and parents and the regulations of the teacher.
5. Emergency medications and physician orders currently at school may accompany student (ex. Epi-pen, diabetic kit).

Does student have the following?

Asthma: No () Yes ()

Inhaler will be needed and provided by parent/guardian to use on field trip? No () Yes ()

Instructions: _____

Severe Bee Sting Allergy: No () Yes ()

Epi-Pen and Benadryl will be needed and provided by parent/guardian to use on field trip? No () Yes ()

Instructions: _____

Diabetes: No () Yes ()

Insulin will be given at school by injection () self () or he/she is self dependent with Insulin Pump.

Instructions: _____

Food Allergy: No () Yes () Please list: _____

Epi-Pen and Benadryl will be given and provided by parent/guardian to use on field trip? No () Yes ()

Instructions: _____

Seizure Disorder: No () Yes ()

Medication given at home () on Field Trip ()

Instructions: _____

Medication Allergy: No () Yes () Please list: _____

Instructions: _____

Other Medical Condition(s): No () Yes () Please list: _____

Instructions: _____

Other Comments: _____

() I have read and agree to the above condition and hereby give my permission for my child to attend the listed field trip.

My child may receive emergency care and I agree to assume all expenses for moving and medical treatment. I consent to any treatment, surgery, diagnostic procedure, or the administration of anesthesia as may be necessary by the physician. (Life threatening situations only)

Parent/Guardian Signature

Date