



Holmes County School Board
307 W. North Avenue
Bonifay, FL 32425
TEL (850) 547-9341
FAX (850) 547-0381
www.hdsb.org

Field Trip/Parent Authorization Form

SCHOOL: _____ GRADE/ CLUB: _____

DATE OF TRIP: _____ DESTINATION: _____

SPECIFIC LOCATION(S): _____

OTHER ESTABLISHMENTS TO BE VISITED: _____ TIME: _____

(Or see attached itinerary)

MODE OF TRANSPORTATION: _____

CHECK ALL THAT APPLY: OVERNIGHT _____ OUT OF STATE _____
DATE: _____ ARRIVAL TIME: _____ DEPARTURE TIME: _____

NATURE OF TRIP/PURPOSE: (IF SPORTS SEASON ATTACH SCHEDULE)

NUMBER OF CHAPERONES: _____

OVERNIGHT LODGING ARRANGEMENTS:

(Will accommodations be separated by biological sex at birth?)

(Accommodations or modifications will ensure that all eligible students have the opportunity to participate in the field trip)

By signing below, I grant permission and agree for my child to participate in this field trip activity. My student also agrees to abide by all rules established by the Holmes County School District and safety precautions relating to this field trip activity. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

PARENT/GUARDIAN SIGNATURE DATE

Insurance Company:
Policy #:

STUDENT'S NAME

EMERGENCY CONTACT #