



Savannah-Chatham County Public School System

Out-of-County Field Trip Medical Authorization

I, _____, being the legal parent / guardian of
(Parent/guardian name, please print)

_____, do hereby give the right and power
(Student name, please print)

to the school official(s) of Savannah-Chatham County Public Schools to authorize medical

treatment, care and services, to discipline, and to make whatever decisions that are necessary for my child's
welfare in the discretion of said official(s) while my child is a participant of SLP Field Trip at/in Carowinds | Charlotte NC

For the period of Friday, June 11, 2021. I understand that this authorization in no way relieves me of any
financial or other obligations related to any decisions made by the above school official(s)

I hereby appoint The Board of Education as my agent or the purposes of obtaining medical treatment in the event of injury. I agree to be responsible for all medical treatment, then and in that event I agree to reimburse said Board of Education in full.

Insurance Company _____

Policy Number _____

Drug Allergies _____

Date of last Tetanus Shot _____

Any other known medical condition(s) _____

Family Doctor _____

Father's Name _____ Home Phone _____

Father's Work _____ Work Phone _____

Mother's Name _____ Home Phone _____

Mother's Work _____ Work Phone _____

Home Address _____

City _____ State _____ Home Phone _____

Signature of Parent / Guardian Date _____ Date _____



Savannah-Chatham County Public School System

IFCB-E (4) Transportation Authorization for Field Trip

Transportation By:

School Bus/Van _____ Private Vehicle _____ Walking _____ Charter Bus ~~XXXXXX~~

School: _____

Teacher's Name: _____ Room No. _____

Field Trip To:

Carowinds, Charlotte North Carolina

Date: June 11, 2021 Time: 6am Until: 11:30pm

_____ has my permission to go on this field trip and to ride the school bus/private car.

I am aware that the Savannah-Chatham Board of Education assumes no legal responsibility for the results of any actions resulting from the use of a private vehicle.

Parents/Guardian Signature

Important Information about Use of Private Vehicles

By state law, each driver and passenger, in a privately owned vehicle is covered for injury *by his/her family's Personal Injury Protection (PIP) policy (if a family auto is owned)*. All vehicle owners are solely responsible for loss and accidental damage to their automobiles.

Employees, parents, and chaperones driving their own vehicles on school-related trips should be aware that *they assume personal financial liability* if an accident should occur.

School staff members should make vehicle drivers fully aware of their personal liability and of the serious duty to safeguard our school children during such trips.