

School-Related Student Trip Permission Slip and Medical Release Form

9.36 AP.211

Student's Name _____
Last Name First Name Middle Initial

All school-related trips for the 2019/2020 school year; OR Field trip date(s) _____ Destination _____

Mode of Transportation (Check the appropriate boxes.)

District-provided (to and from activity) Parent/guardian vehicle to and from activity

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

If I elect to drive my child to and from the school-related activity in my private vehicle, I understand that the Board's insurance does not cover private vehicles and that my private vehicle insurance shall provide primary liability coverage in case of an accident.

In addition, in the event my child suffers an accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event that I, the physician(s), or other persons I've designated cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/Guardian's Signature _____ **Date:** _____

Permission to Videotape/Photograph

09.14 AP.251

DEAR PARENT/GUARDIAN:

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for staff/student evaluative, educational, or public awareness purposes. Such videotapes or photographs may be viewed by peers, faculty, or administrators. On special occasions such as a videotape or photograph of a class or school play or of an academic or athletic event, the film or photograph may be viewed by a general audience.

Please review this form carefully, indicate your preference in regard to videotaping or photographing of your child, sign and date the form, and submit the form to the school. Although we will make efforts to comply with your request, bear in mind that we cannot monitor all adults at all times, especially during special occasions when other parents may take pictures or may tape the event.

Once signed and dated, this form shall remain in effect for your child's enrollment in the District schools. However, at any time during the school year, you may amend this form only for future uses/preference by notifying the Principal in writing of your request.

As the parent (s)/guardian(s) of _____, I/we give the
Student's Name

Fulton County School District permission to release my/our child's name, photograph, and/or audio/video reproduction for publication concerning school functions and activities, including academic and athletic activities.

Parent/Guardian Signature: _____ **Date:** _____

Principal/Designee's Signature: _____ **Date:** _____