

1. To be used when the activity is on a school day only!
2. Also required is **RELEASE AND CONSENT** form (See reverse side.)
3. Turn in Field Trip Form to attendance and to students' teachers 7 days prior to trip.

**LYMAN HIGH SCHOOL
SCHOOL SPONSORED ACTIVITIES**

PLEASE PRINT

Instructions: This form must be completed and turned into the teacher supervising a school activity at least seven days prior to the scheduled activity. All forms must be submitted to the school administration for final approval at least three days prior to the scheduled activity. They will be returned to the supervising teacher prior to the time the activity takes place.

STUDENT NAME _____ DATE _____

TEACHER Muse/Porter

TRIP TO Blue Man Group Educational Program

MEMBER OF BAND / Colorguard / Dance (Club/Organization/Class)

DEPARTURE DATE 4/22/09 DEPARTURE TIME 8AM

RETURN DATE 4/22/09 RETURN TIME 4pm

ELIGIBILITY

The student must have this section of the form completed by teachers before taking it home for parent or guardian signature.

Period	Teacher Signature	Approximate Grade	Recommend	Do NOT Recommend
1.				
2.				
3.				
4.				
5.				
6.				
7.				

I, the undersigned, do hereby grant my child permission to travel on a Lyman High School sponsored trip. In signing this statement, I release Lyman High School and the individual sponsor, including teachers, from all liability in connection with the above named student, from the time of departure until return home. I have read the above section completed by the teachers of my child.

DATE TELEPHONE

PARENT/GUARDIAN SIGNATURE

SCHOOL ADMINISTRATOR

RELEASE AND CONSENT

The School Board of Seminole County

THIS FORM MUST BE READ AND SIGNED BY PARENT(S) OR GUARDIAN(S) OF EVERY MINOR.

RE: _____

DATE: _____
Month Day Year

We do hereby approve our child attending _____.

I/We acknowledge that the School Board of Seminole County, Florida is not liable for medical expenses, hospital expenses or other such charges incurred for such services as may be rendered for or on behalf of my/our child as a result of injury or sickness. I/We understand that if my/our child is injured or becomes sick, the School Board of Seminole County, Florida, will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of the School Board of Seminole County, Florida.

MEDICAL INFORMATION:	
Child's Allergies:	_____
Child's Physician:	_____
Medical Insurance Co	_____
Address	_____
	Phone Number: () _____
	Policy Number _____

_____	Date: _____
Parent's or Guardian's Signature	
Address:	Home Telephone: () _____
_____ , FL _____	Work Telephone: () _____

Staff Directions:

1. Have projects approved by appropriate administrator 2 weeks prior to trip.
2. If the activity is on a school day,
 - a. LHS School Sponsored Activity Form must accompany this form.
 - b. Field Trip Form must be in attendance seven days prior to trip.
 - c. Field Trip Form must be given to students' teachers 7 days prior to trip.
3. If activity is not on school day, this is the only form you need.
4. Make sure Project has been approved by the appropriate administrator.

Important: Sponsors are to have this form with them on trip.