Rockingham County Schools
Field Trip Information and Parent Permission Form
K-8

Dear Parents and/or Guardians

A field trip has been planned that will serve as an enrichment experience for your child. The trip will serve as a preparatory/follow-up activity to enrich a regularly scheduled part of the school's instructional program.

Details of the trip are as follows:

Supervising teachers and/or adults: _____

Destination(s): _____

Departure date and time: _____ Return date and time: _____

Method of transportation: Activity Bus [ ] Charter Bus [ ] Other _____

Cost to each student: $ _____ Other monies needed: $ _____

(NOTE: Students unable to afford the cost of the trip may be eligible for financial assistance. Ask the supervising teacher or the School principal.)

Parents/guardians may choose one of the following payment options for this field trip:

- Online School Payments (https://osp.osmsinc.com/RockinghamNC/) - Payments may be made online through the Online School Payments website. ***Please note that an additional service fee will be charged for online transactions. The amount of this service fee may vary depending on the cost of the field trip and is determined by the payment provider. This fee is in addition to the field trip cost.***
- Cash or Check – Payments may also be made directly to the school. Checks should be made payable to the School.

The above information represents the major information regarding the scheduled field trip. All requirements of the Rockingham County Board of Education have been met. If there is an emergency need for parents to contact students during the trip, please call the school.

_____
Principal or Teacher

Parents: Please retain the top part of this form for your reference and information. Cut along the line and return the bottom sheet to the school to give your child permission to participate in the field trip.

Rockingham County Schools
PARENTAL CONSENT FORM
K-8

I hereby certify that (student's name)_____has permission to participate in the field trip to _____according to the information and provisions as stated above. I understand that my child is covered by blanket field trip (secondary) insurance coverage as provided by the Rockingham County Board of Education for all students participating in the trip. I understand that secondary insurance is very limited and pays only after any other insurance is applied. In the event of an accident, sickness, or medical emergency, I authorize the supervising teachers to seek medical assistance, and I will assume responsibility for all expenses. I also give my permission for necessary emergency treatment to be administered in case of accident or sickness.

Parent's Signature:_____ Date:_____

Address:_____

Emergency Phone Numbers: (W) _____ (H)_____

Accident/Health Insurance Company: _____ Policy Number: _____

I do [ ] do not [ ] have accident/health insurance for my child. If the parent cannot be located in the event of an emergency, contact:

Name: _____ Phone Number: _____