

BOONE COUNTY SCHOOLS  
FIELD TRIP PERMISSION AND EMERGENCY FORM

STUDENT'S NAME \_\_\_\_\_

SCHOOL (Please Circle one) BCHS CHS RCHS RHS SHDHS W/VHS

My son/daughter named above has our permission to attend the Boone County Youth Cabinet activities for the 2009-2010 school year. I (We) understand that the activities are during\* and after school hours each month from September – April as listed below. I also give permission for my son/daughter to furnish his/her own transportation to such events.

**Sunday, August 30, 2009, 2:00 – 4:00 p.m.**

Welcome & Ice Cream Social

Boone County Administration Building

**Saturday, September 26, 2009, 8:30 – 1:30 p.m.**

Leadership and Team Building

Camp Ernst

**Wednesday, October 14, 2009, 1:00 – 5 p.m.**

Local Government

Boone County Administration Building

**Wednesday, November 18, 2009, 1:00 – 5 p.m.**

Law Enforcement/Public Safety Day

**January 2010 – Date yet to be announced**

Justice Day

**February 2010 – Date yet to be announced**

State Government Day

Frankfort, KY

**March 2010 – Date yet to be announced**

Service-Learning Project

**April 2010 – Date yet to be announced**

Potter's Ranch

Graduation Activities

Please check ONE option:

\_\_\_\_\_ I give permission for my child to be photographed at this event and their name released to media outlets.

\_\_\_\_\_ I give permission for my child to be photographed at this event, but withhold their name from media.

\_\_\_\_\_ I DO NOT give permission for my child to be photographed at this event.

In case of emergency, you may reach us by telephoning \_\_\_\_\_ Or by contacting \_\_\_\_\_  
Phone \_\_\_\_\_

In case of accident or serious illness. I request the school to contact me. If the school is unable to reach me. I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

1. Please note any restrictions or medical information that would be helpful for treatment, such as allergies, diabetes, etc.
2. Will it be necessary for your child to take medication while on the field trip? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, a special form is attached for administration of medication. Please fill out and return with permission form.

PHYSICIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

OFFICE PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

The Board of Education maintains adequate insurance coverage for all school-related activities. However, individual medical insurance is not provided by the Board of Education and is a parental responsibility. Original form must be in the possession of the trip sponsor. A copy must be on file in the office of the school principal.

***Please return this form to Nancy Collins by September 26, 2009.***

If you have further questions or need clarification, call the GATES office at 859.534.4000 ext. 1613 or email [nancy.collins@boone.kyschools.us](mailto:nancy.collins@boone.kyschools.us)