WAKE COUNTY PUBLIC SCHOOL SYSTEM

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए नि:शुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

vaj tlhab mughmeH vIta'meH DuSaQ mIw yaj bImejnIS, (919) 852-3303

如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

PARENTAL CONSENT AND STUDENT MEDICAL
INFORMATION FOR SCHOOL TRIPS

- **BY SIGNING THIS CONSENT FORM, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION BELOW AND THAT ANY INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

- **I ASSUME RESPONSIBILITY FOR CONTACTING_____(TEACHER/SPONSOR) IF THERE IS ANY CHANGE TO MY CHILD'S MEDICATIONS, NEED FOR MEDICAL ASSISTANCE, OR MEDICAL CONDITION AFTER I COMPLETE THE HEALTH INFORMATION ON THE BACK OF THIS FORM**

- **IF THIS FORM IS NOT COMPLETED AND RETURNED BY_____(DATE MM/DD/YYY), THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL IN A SUPERVISED ACTIVITY**

School_____   Name of Teacher/Sponsor_____

TRIP/ACTIVITY PLANNED	DATE(S) OF TRIP/ACTIVITY*	PURPOSE OF TRIP/ACTIVITY	TRANSPORTATION (WCPSS Vehicle, Charter Bus/Contract Vehicle, Privately-owned Vehicle**)

Attached is an itinerary that includes the place or places to be visited, a daily schedule of activities, and the dates, times, and places of departure and return

*** When privately-owned vehicles are used for transporting students, only the vehicle owner's liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by Wake County Public School System, the school system vehicle liability coverage is applicable to any vehicular accident.*

Changes/Cancellations

I understand school trips may be canceled when necessary by the principal, superintendent, or board of education. The school system cannot guarantee reimbursement when such cancellations occur. Parents/guardians will be notified of any significant change in plans prior to the school trip.

Expectations and Instructions

I understand the following is expected of the student:

- To follow instructions given by the teachers/chaperones.
- Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
- Comply with all school and district policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to school disciplinary consequences.

Insurance Coverage

I represent that the student has insurance either through the school system's student insurance program or through my own insurance carrier.

I request that_____(student) be allowed to participate in the trip and/or activity planned and, recognizing the risks inherent in the trip and/or activity planned, specifically consent to the student's participation. In the event of an accident or a medical emergency, I authorize school officials to seek and consent to emergency medical assistance on the student's behalf. I will assume responsibility for all expenses. I understand that school officials will use the contact information provided below to attempt to contact me in the event of such accident or emergency.

Parent/Guardian Signature_____Date_____

This form must be kept with school officials at all times during the school trip.

WAKE COUNTY
PUBLIC SCHOOL SYSTEM

Student's Name _____

Parent/Guardian Name_____Day Phone _____

Home Address_____Evening Phone _____

Emergency Contact_____Emergency Phone _____

Name of Insurance Company_____ Policy #_____

School Trip Health Information

- *In the event that the routine medical needs of any student attending the school trip cannot be met by school employees, a licensed nurse may be required to attend. Parents of students with medical needs will be contacted directly by the assigned school nurse.*

- *In the event of an accident or emergency, the below information may also be provided to emergency medical providers as needed.*

- *If your child's medications, need for medical assistance, or medical conditions changes after completing this form, contact_____(Teacher/Sponsor) and provide updated school trip health information.*

☐ Student has no medication(s) and/or needs no medical assistance during this school trip

☐ Student requires medication(s) and/or medical assistance during this school trip (*complete information below)

☐ Parent/Guardian will be attending the school trip and will provide medication(s) and/or medical assistance for this student

*List all daily and emergency medications (including dosage and time taken) that will be needed during this school trip

Medication	Dosage	Time

Does the student require medical assistance, other than the administration of medication(s)?

☐ Yes   ☐ No

If yes, describe: _____

_____

_____

List all allergies:

_____

_____

This form must be kept with school officials at all times during the school trip.