

**Warren County Schools**  
Warrenton, NC 27589

**Field Trip Permission and  
Medical Treatment Consent Form**

I hereby give permission for my child to attend the following field trip:

Destination: \_\_\_\_\_ School: \_\_\_\_\_

Location: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

The field trip is planned to include the following itinerary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The trip's educational purposes include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION TO GIVE MEDICAL ASSISTANCE:**

Should any medical emergency arise during the above field trip, I give my permission to the supervising teacher(s) to seek medical assistance for my child.

**WAIVER OF LIABILITY FOR FIELD TRIPS:**

In addition, I affirm that the aforementioned student is covered by a student accident or other appropriate insurance policy; or if the aforementioned student is not so covered, I voluntarily release the Warren County Board of Education and its employees and agents from liability for any injuries and medical expenses suffered by the aforementioned student during the trip described above which injuries are not caused by the negligence of the Warren County Board of Education, its employees or agents and understand that he/she may not be covered by any applicable insurance policy during the trip.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date