



Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

INSTRUCTIONAL FIELD TRIP PERMISSION FORM

This form is used for recording a parent or guardian's permission for their student to participate in an instructional field trip and related travel using the specified transportation. Students must also complete the Student Conduct Pledge. This form must be on file with the student's school before a student may participate in an instructional field trip.

Student Conduct Pledge

I, _____, am a student in _____ in _____ class.
Name of Student Name of School Teacher Name or Course Name

I pledge my compliance with the policies specified in the Hillsborough County Public School's Student Handbook and to conduct myself on all field trips in such a manner as to bring honor to my school and myself. I understand it is a privilege to be included as a participant in field trip activities.

_____/_____/_____
Student's Signature Month Day Year

Parent/Guardian Permission

As parent or guardian of _____, I give permission for their participation in the _____
Name of Student & District Student Number

_____ instructional field trip on ____/____/_____
Field Trip Name Month Day Year

The location of this field trip is: _____
Location Name and Address (Street, City, State, Zip Code)

Hillsborough County Public Schools requires that for every fifteen (15) students attending the field trip, there is one (1) chaperone. All non-district chaperones must complete a volunteer application and screening.

We anticipate having _____ chaperones to supervise _____ students.
Number Number

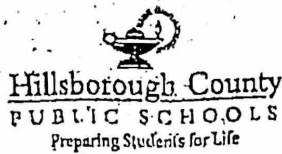
I understand that transportation for the trip will be provided by

- A private automobile of a parent, teacher, and/or licensed student, none of which is under control of the Hillsborough County Public Schools AND/OR
- A regular school bus operated by Hillsborough County Public Schools AND/OR
- A private bus under charter to Hillsborough County Public Schools AND/OR
- Public transportation (HART) AND/OR
- Walking

_____/_____/_____ () _____
Parent Name (Please Print) Parent Signature Month Day Year Daytime / Cell Phone

A copy of this form must be submitted to the office 3 days prior to the field trip.

Distribution: Principal, Teacher
SB 60531 (Rev. 9/16/2022)



FIELD TRIP MEDICAL RELEASE FORM

This form is used for recording parental permission for medical and/or surgical treatment in case of medical concerns on a field trip. A notarized signature is required for an overnight or out-of-state field trip.

Student Name: _____ School: _____

Date of Birth: _____ Student #: _____

Location of Field Trip: _____ Date(s) of Field Trip: _____

As the parent and/or legal guardian of (*print student name*): _____,
I authorize Hillsborough County Public Schools, its agents, employees, and other officers to procure and consent to any medical emergency treatment, including hospital care, to be rendered to my child by or under the supervision of a licensed health care provider. The parent/legal guardian is responsible for any fees or costs. My signature below represents consent and agreement to the matters stated above.

Parent/Guardian Signature

Date

STATE OF FLORIDA, COUNTY OF _____

SUBSCRIBED and sworn to before me, a Notary Public, this _____ day of _____, 20____.

Signature of Notary: _____ Print Name: _____

Medical Insurance Company: _____ Policy #: _____

Student's Address: _____ Phone: _____

Father's Name: _____ Phone (Day): _____

Business Name (if applicable): _____ Phone (Evening): _____

Mother's Name: _____ Phone (Day): _____

Business Name (if applicable): _____ Phone (Evening): _____

Family Physician's Name: _____ Phone: _____

Physician Address (street, city, state): _____

Check any health conditions that apply (if none, leave blank). Allergies Asthma Diabetes Seizures _____

Heart condition Other (please describe): _____

Medications prescribed: _____

Hospital preference: _____

NOTE: In the event of an emergency medical situation, the chaperone/teacher will call 911 and all attempts will be made to contact the student's parent/guardian regarding the emergency.