

Field Trip Permission Form

Jones County Schools

PO Box 519
Gray, Georgia 31032
(478) 986-6580

Turner Woods Elementary School

144 Willie L. Fluellen Dr.
Gray, Georgia 31032
(478) 986-2222

I am the parent or legal guardian of _____

and by signing this statement, I give my consent and permission for my child to go with

Name of Group	Name of Faculty Member(s)	Position
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To _____

I understand that _____ will travel by **School Bus**

Will leave from **Turner Woods Elementary** on _____
Date _____ Time _____

Will return to **Turner Woods Elementary** on _____
Date _____ Time _____

for the purpose of attending _____
Activity

I have reviewed and am familiar with the itinerary. I consent to my child's participation in these activities except as follows (please sign for permission at the bottom of the page).

Exceptions: _____

Emergency Information

Contact Information	Contact1- Parent or Guardian	Contact 2-Parent or Guardian
First and Last Name		
Address		
Home Phone		
Alternate/Cell number		
Work Number		
Work Address		

I understand that during the trip my child will be subject to the policies, rules, and regulations of the school and the Board of Education. I have read and fully understand the contents of this form. Finally, I hereby give school staff permission to authorize medical treatment for my child in the event of illness or accident.

Parent or Guardian's Signature

Date