



Field Trip Permission Form B

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

GPTC Cosmetology Class Jeff Meadors College/HS
NAME OF GROUP NAME OF FACULTY MEMBER POSITION

to Georgia Piedmont Technical College
NAME OF PLACE

16200 Alcovy Road Covington GA 30014

I understand the Cosmetology Class will travel by school bus
NAME OF GROUP MODE OF TRANSPORTATION FOR DEPARTURE & RETURN

will leave from RCA on B3+B4 at 11:50 a.m.
NAME OF LOCATION DATE TIME

will return to RCA on end of B4 at 2:40 p.m.
NAME OF LOCATION DATE TIME

(for 2015-2016 school year)
for the purpose of attending college classes at Georgia Piedmont
NAME OF ACTIVITY

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

Exceptions: _____

Contact Information

Mother

Father

First & Last Name

Home Address

Home Phone

Business Address

Work Phone

Person to contact if unable to locate parents:

Name

Relationship

Home Address

Work Address

Home Phone

Work Phone

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/GUARDIAN SIGNATURE

DATE SIGNED

PARTICIPATION CONSENT FORM AND HOLD HARMLESS AGREEMENT

(Please print and provide information for ALL questions)

SCHOOL YEAR: 20_____ TO 20_____

STUDENT NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

PARENT/GUARDIAN NAME: _____
(First) (Last)

TELEPHONE: _____
(Cell) (Work) (Home)

**PARENTAL CONSENT FOR PARTICIPATION IN ROCKDALE CAREER ACADEMY
PATHWAYS PROGRAM**

WARNING: By its nature, participation in career related classes include a risk of injury which may range in severity from minor to long term catastrophic injury, including but not limited to permanent paralysis or death. Although serious injuries are not common in supervised academic programs, it is possible only to minimize, not eliminate this risk.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all school, classroom and safety rules; report all physical problems to their instructors; and inspect their equipment, if any, daily. Students should notify their instructor immediately if they discovery defects in their equipment.

I (we) hereby give consent for _____ to:
(Print Student Full Name)

1. Participate in the following Rockdale Career Academy Pathway Program(s) (**List all that apply**): _____

2. To accompany any class, club, or organization of which the student is a member on any of its local or out of town trips, excluding overnight trips. I understand that transportation may or may not be provided by the Rockdale County Public School District. In the event transportation is not provided by the School District, transportation will be the student's (or parents') responsibility.
3. I release and waive, and further agree to indemnify, hold harmless or reimburse the Rockdale County School District, the Rockdale County Board of Education, the Rockdale Career Academy, its successors and assigns, its members, agents, employees, cosponsors,

educational partners, and representatives thereof, as well as class instructors and trip supervisors ("Releasees") from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages, or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering of emergency medical procedures or treatment, if any.

4. I have insurance coverage for my son/daughter in the form indicated below. Please initial by the type of insurance coverage you have. **(You must provide a copy of the insurance card or policy benefits as indicated.)**

_____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in the Rockdale Career Academy Pathways Program, clubs, and organizations. **(Please attach copy of insurance card.)**

Name of Insurance Company: _____

Name of Insured: _____

Policy Number: _____

_____ My son/daughter is not covered by accident insurance that will cover injuries sustained while participating in the Rockdale Career Academy Pathways Program, clubs, and organization. I acknowledge that if my son/daughter suffers an injury, it shall be my responsibility to pay for and/or secure adequate funding to cover the cost of medical treatment. The Releasees shall not be liable to me or any third party for costs associated with providing medical treatment.

I agree to notify the Rockdale Career Academy if my insurance changes and I agree to provide the Rockdale Career Academy with updated insurance information and a copy of the updated insurance card.

5. I hereby grant permission for qualified individuals to render first aid, emergency medical care, or medical treatment deemed reasonably necessary to protect the health and well-being of the above named student.
6. I hereby verify that the information on this form is correct and understand that any false information is prohibited by law.

By signing this permission form, I acknowledge that I have read and I understand the risks of participation and agree to the above terms. I further acknowledge that I have **freely and voluntarily agreed to hold harmless the Releasees and waive all claims I, the student, and third parties acting on behalf the student may have against the Releasees.** This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

SIGNATURE(S) OF PARENT(S)/GUARDIAN(S)

DATE

SIGNATURE(S) OF STUDENT

DATE