

SCORCH: KANAWHA COUNTY COMBINED HIGH SCHOOL ORCHESTRA
2016-2017 Field Trip Permission Form

We, the undersigned parent(s)/guardian(s) of _____

(herein after referred to as "the Student"), do grant permission for him/her to take all school sponsored field trips associated with SCORCH: Kanawha County Combined High School Orchestra (herein after referred to as "the Orchestra.")

The Student understands that he/she must follow the rules, policies, and procedures of the Orchestra, their school, and the Kanawha County Board of Education for the entire duration of any field trip (as outlined in the Kanawha County Board of Education Policy, Series J25, Section 25.05.)

I understand that all students participating in the field trip or excursion will absorb the costs for any field trip or excursion conducted under the auspices of the Orchestra equally. Trip money will be collected in advance of the trip. If extenuating or mitigating circumstances regarding these costs arise, the director of the Orchestra must be consulted immediately.

I understand that this form only provides permission

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist, and performed by, or under the supervision of, a member of the medical staff of the hospital, or facility, furnishing such medical or dental services.

Parent/Guardian Signature: _____

Date: _____