

**PEACHTREE RIDGE HIGH SCHOOL  
FIELD TRIP/SCHOOL ACTIVITY PERMISSION FORM**

This will give my son/daughter, \_\_\_\_\_  
Permission to participate in: \_\_\_\_\_ (student name) \_\_\_\_\_ (student number)

Activity: PRHS Cheerleading

Date: Fall 2014- Spring 2015 Place: PRHS & Gwinnett County Schools

Teacher in charge: Leigh-Ann Danley Time of Departure: n/a

If activity is to occur during school day, please complete the items below:

Teachers: Please sign below and indicate current academic status (pass/fail) of student participating in the above mentioned activity.

(1) \_\_\_\_\_ P F    (3) \_\_\_\_\_ P F    (5) \_\_\_\_\_ P F  
(2) \_\_\_\_\_ P F    (4) \_\_\_\_\_ P F    (6) \_\_\_\_\_ P F

A contribution of \$\_\_\_\_\_ is requested to cover costs associated with the activity. No student will be denied an opportunity to participate because of failure to contribute; however, if enough funds are not secured, the activity may be cancelled.

I give permission for my son/daughter to: \_\_\_\_\_  
(Please initial choice)

  X   1. Ride the bus  
\_\_\_\_\_ 2. Ride with an adult chaperone  
\_\_\_\_\_ 3. Ride with another student  
\_\_\_\_\_ 4. Drive own car

Describe any special allergies of medical problems of which we should be aware. \_\_\_\_\_  
\_\_\_\_\_

Describe any medication your child will be taking, including medicine name and possible side effects. \_\_\_\_\_  
\_\_\_\_\_

I agree to assume responsibility for any unforeseen accident that might occur during travel or participation in this activity. I also authorize any emergency medical treatment that may be necessary. I further recognize that students on school trips must adhere to the same code of behavior as if they were on the school campus and are to follow instructions of teachers, sponsors, or chaperones.

I am aware of my son/daughter's current academic status as indicated above.

\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home/Cell Phone No.

\_\_\_\_\_  
Business Phone No.

\_\_\_\_\_  
Person to Contact in Emergency

\_\_\_\_\_  
Emergency Contact Number

\_\_\_\_\_  
Hospitalization Carrier and Policy Number