

**Elementary/Adolescent Field Study**

I give my permission for \_\_\_\_\_  
Child's Name

to be included in all of the \_\_\_\_\_ school year, on or off campus Elementary/Adolescent field study relevant to his/her year. This may include overnight trips.

I understand that under Georgia law, if my child is riding in a private passenger automobile which is involved in an accident, he/she may be primarily covered for bodily injury under my family automobile policy. I agree to submit any medical bills incurred to my insurance company, so long as there is no negligence on the part of the driver.

I understand that if my child is being transported by a commercial carrier or other leased or rented vehicle on a VMS field trip, and an injury occurs, I understand that I shall look to the commercial carrier or owner of the other leased or rented vehicles to pay any medical bills incurred as a result of such injury. I shall release VMS including its agents and employees, from liability.

I understand that if my child is injured while participating in a VMS field trip, I agree and understand that liability arising out of said field trips is assumed hereby and shall be at the sole and exclusive risk of the undersigned. I release VMS agents and employees from liability.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Field Study Information Card**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

DR.s Name \_\_\_\_\_

Allergies \_\_\_\_\_

DR.s Phone # \_\_\_\_\_

Any special medical condition \_\_\_\_\_

Any prescription medication required to take daily \_\_\_\_\_

**In the event of an emergency I give my permission for my child to be transported to Fulton Hospital and to receive emergency medical care if needed:**

Parent Signature \_\_\_\_\_

**Phone numbers in order to be called in case of emergency:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

# Day/Overnight Field Trips

I understand and give permission for my student \_\_\_\_\_ to take part in field trips and educational excursions either by van, private car, or on foot. I further understand that my student will be chaperoned by a responsible adult at all times while away from school and that the adult will take all necessary precautions to protect my student from harm and injury.

I will notify the teacher in writing about any medications, physical limitations or other health concerns before each trip. I certify that the emergency information on my registration form is current and will provide below my child's insurance information.

**I understand that if my child is injured while participating in a VMS going out, I agree and understand that liability arising out of said going out is assumed hereby and shall be at the sole and exclusive risk of the undersigned.**

Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

Name of Insurance Company

\_\_\_\_\_

Policy/ Group Number

\_\_\_\_\_