



HENRY COUNTY SCHOOLS
 FIELD TRIP INFORMED CONSENT FORM
Eagle's Landing High School
 NJROTC Battalion
 301 TUNIS ROAD
 MCDONOUGH, GA 30253



Cadet's Last Name _____ First Name _____

The above named cadet has my permission to participate with the community service project at Noah's Arch Animal Sanctuary Community Service Project on Saturday, September 1, 2018. *The attire is JROTC unit shirt with school approved shorts (no holes) and closed toe shoes.* Transportation will be provided by Henry County School. Cadets need to report to JROTC at 8:00 am. The event will last from 10:00 am until 1:00pm. *Your cadet will call you when we are loading the bus with an official arrival time back at the school. Your timeliness in meeting us at the school is greatly appreciated, so that no one will have to wait.*

As the cadet, I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my school. I understand that the school rules of conduct apply while on the trip and that I am passing 5 of my 7 class if this trip is taking me away from school time.

 CADET'S SIGNATURE

 DATE

 DATE OF BIRTH

Please indicate **any health condition/allergies** your son/daughter may have that we should be aware of:

Please indicate **any medications** your son/daughter is taking:

Insurance Company Name: _____

Dentist: _____

In the event of an accident or other emergency, when a parent/guardian *is not available to take charge*, I hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive professional medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the care and treatment of my child to be performed by any licensed physician or surgeon. The undersigned hereby agrees to bear all costs incurred as a result an accident, injury, illness and/or unforeseen circumstances.

These activities are an extension of the school education program and student conduct is to be in accordance with the school's published rules and regulations. As the parent/guardian of the above named student, I have read the field trip itinerary and understand there may be risks of physical injury associated with participation in some activities

 Parent's/Guardian's Name (Print)

 Parent's/ Guardian's Signature

Address (incld City/State): _____

BEST Phone # () _____

Date: _____

Emergency phone # () _____

Contact Name: _____