Madison City Schools Field Trip Permission Slip

School: Journey Middle School	Grade: _	6	_Date:	9/3/2024
Memorandum to Parents:				
On _4/6-4/11 2025 Our class will be taking a field Date	ld trip to <u>S</u> p	nace Car	mp of Place	
At Huntsville Space and Rocket Cnt	at app	roximatel	y 1	2 o'clock.
To Huntsville Space and Rocket Cnt		oximately	1°	ime
Mode of Transportation: Parents will pro-	vide transp	ortation		<u>:</u>
We would like for your child to accompany for all students. Your child is expected to fo	us on our trip llow all scho	o. Superv	ision wi	ll be provided s.
In event of a date change, you will receive a return.	revised field	trip perm	ission s	lip to sign and
Please complete, sign and return the lower p	ortion no late	er than	11/2	2/2024
- () rand		7017	ں ۔	tewars
Teacher's Signature		Principal's S	Signature	0,000
Madison C	City Schools	****	10 M	W. Stronger
Field Trip Po Teacher Name _ J. Brand & S. Glasgow	ermission Sl		Journ	ey Middle
I wish I do not wish				
To give my permission for my child				
-	(Child's Name		
To accompany your group on the field trip to				
		me of Place		
At The Space and Rocket Center	_ on	4/6-4/	11 202	25
Does your child have any medical problems	and/or allerg	ies that w	e should	be aware of?
Will your child require any medication on th	is field trip?	ń.		
Name of Insurance Company:				
The Madison City School System has my per necessary for my child during a school-spons Parent's Contact Number:	rmission to s sored field tr		redical t	reatment
Simulation of D. C. C.	_			
Signature of Parent or Guardian			Date	2

Date

Journey Middle School

Release of Liability

I,, being the	natural parents
and/or the legal guardian of	, a
and/or the legal guardian of	ev Glasgothe
Madison City Board of directors, agents, servants, employees, subsidiaries, affiliates, assoc	
predecessors, successors, and assigns, separately and severally, hereinafter referred to col	lectively as
"Releases", from any and all liability, claims, damages, actions, causes of action, of every na	ame, kind, or
nature, which may arise from the transportation of my child	(name
of child) to and/or from the school or home to the event, 5 pace Camp	(name
the school event), scheduled at space and rode (location) on 4 6 - 4 11 20) <u>25</u> (dates). I
understand that I have the right to provide independent transportation for my child, and I will	
am providing transportation for my child.	
If my child may travel to and/or from this event with other individuals, I have listed them at th	e bottom. I
understand that it is not the responsibility of the Releases to ensure that my child actually co	mplies with these
or any other travel arrangements. In the event that my child chooses to travel with any other	person, I
understand that I am still discharging and releasing Releasees from any liability, claims, dam	าages, actions, and
causes of action that may arise. I understand that the Releasees are not responsible for any	action taken by
any of the Persons whom I have agreed can transport my child.	•
The undersigned acknowledges that he/she has carefully read the above, understands it, an with it by signing of his/her name to this Release on the Date Completed.	d expressly agrees
Parent Signature & Date: Date:	
I will transport my child to the event.	
If you are not transporting your child, select 'yes' if your child can ride with any team parent. please list the name(s) and phone number(s) of the person(s) your child is allowed to ride with a please list the name(s) and phone number(s) of the person(s) your child is allowed to ride with a please list the name(s) and phone number(s) of the person(s) your child is allowed to ride with a please list the name(s) and phone number(s) of the person(s) your child is allowed to ride with a please list the name(s) and phone number(s) of the person(s) your child is allowed to ride with a please list the name(s) and phone number(s) of the person(s) your child is allowed to ride with a please list the name(s) and phone number(s) of the person(s) your child is allowed to ride with a please list the name(s) and phone number(s) of the person(s) your child is allowed to ride with a please list the name(s) and phone number(s) of the person(s) your child is allowed to ride with a please list the name(s) and phone number(s) of the person(s) your child is allowed to ride with a please list the name(s) and phone number(s) and	
My child has permission to ride with any parent/guardian:	
My child has permission to ride with any of the following parent(s) listed:	

MADSION CITY SCHOOLS OVERNIGHT OR OUT OF STATE FIELD TRIP FORM MEDICAL RELEASE FORM

Student's Name:	Date of Birth:					
Address:	Student Cell #:	Student Cell #:				
Parent Guardian Name:						
Address:						
Mother Cell#	Father Cell#					
If unable to reach parents, please no	tify:					
Name:	Relationship:					
Phone #: Student's General Health Informa	Alternate #:					
The Madison City School district requires a Medication Release Form signed by a physician for each prescription medication and a Medication Release Form for each over-the-counter medication signed by the student's parent/guardian. List any medications for which a Medication Release Form is already on file in the school office. Additional dosages/times must be noted on a copy of the form filed in the office and that notation must be verified and signed by the student's parent/guardian. Does the student have any allergies of medication, food, etc. If "yes", please list allergies: Does the student wear contact lenses?						
Does the student have asthma? [If "yes" a Student Asthma Action Pla	Yes No In should be on file in the nurse's office. The assist the person in charge if the student should be a student should	become ill?				
Student's Physician:	Phone #:					
Address:	Date of last tetanus shot:					
hereby authorize Madison City Schools,	gical treatment of de by the certified teacher in charge and/or Madison C , or representative thereof, to administer medication to rm. NOTE: Your signature on this form acknowledges	o my child, if necessary, as				
Signature of Parent/Guardian	Date					
	Signature of Nota	ary				
	State	County				
	Commission Exp					