

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 trip to Space Camp
Date Name of Place

At Huntsville Space and Rocket Cnt. at approximately 12 o'clock.
Location Time

To Huntsville Space and Rocket Cnt. at approximately 11 o'clock
Place of Return Time

Mode of Transportation: Parents will provide transportation

We would like for your child to accompany us on our trip. Supervision will be provided for all students. Your child is expected to follow all school/classroom rules.

In event of a date change, you will receive a revised field trip permission slip to sign and return.

Please complete, sign and return the lower portion no later than 11/22/2024
Date

J Brand
Teacher's Signature

Travis Stewart
Principal's Signature

Madison City Schools Field Trip Permission Slip

Teacher Name J. Brand & S. Glasgow School Journey 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 Space Camp
Name of Place

At The Space and Rocket Center on 4/6-4/11 2025
Location Date of Trip

Does your child have any medical problems and/or allergies that we should be aware of?

Will your child require any medication on this field trip? _____

Name of Insurance Company: _____

The Madison City School System has my permission to seek any medical treatment necessary for my child during a school-sponsored field trip.

Parent's Contact Number: _____

Signature of Parent or Guardian

Date

Journey Middle School

Release of Liability

I, _____, being the natural parents and/or the legal guardian of _____, a minor, do hereby release, acquit and discharge Coach/ Mr. / Mrs. Jeremiah Bland / Sydney Glasgow the Madison City Board of directors, agents, servants, employees, subsidiaries, affiliates, associates, predecessors, successors, and assigns, separately and severally, hereinafter referred to collectively as "Releases", from any and all liability, claims, damages, actions, causes of action, of every name, 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, Space Camp (name the school event), scheduled at Huntsville Space and Rocket Center (location) on 4/6 - 4/11/2025 (dates). I understand that I have the right to provide independent transportation for my child, and I will indicate below if I 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 the bottom. I understand that it is not the responsibility of the Releases to ensure that my child actually complies 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, damages, 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, and expressly agrees with it by signing of his/her name to this Release on the Date Completed.

Parent Signature & Date: _____ Date: _____

I will transport my child to the event. Yes No

If you are not transporting your child, select 'yes' if your child can ride with any team parent. If you select 'no' please list the name(s) and phone number(s) of the person(s) your child is allowed to ride with.

My child has permission to ride with any parent/guardian: Yes No

My child has permission to ride with any of the following parent(s) listed:

