

JAMES F. BYRNES HIGH SCHOOL  
POST OFFICE BOX 187  
DUNCAN, SOUTH CAROLINA 29334-0187

TELEPHONE: (864) 949-2355  
FAX: (864) 949-2362

Dear Parents:

On \_\_\_\_\_, \_\_\_\_\_ will take a field trip to \_\_\_\_\_  
to participate in \_\_\_\_\_.

We will leave school around \_\_\_\_\_ and return by \_\_\_\_\_. The cost of this trip  
is \_\_\_\_\_ per student. Please return this form and payment for the  
field trip no later than \_\_\_\_\_. All Byrnes High School students on field trips are covered by special insurance purchased for  
this purpose.

Teacher's Signature: \_\_\_\_\_

**Please detach and return**

**Permission for field trip (Teacher Copy)**

\_\_\_\_\_ has my permission to participate in the field trip to

\_\_\_\_\_

on \_\_\_\_\_.

Parents/guardians should be aware of all school rules in the Student Handbook. These rules apply on all school trips. Many theme  
parks have in effect a policy regarding shoplifting. Anyone charged with shoplifting will be arrested and can only be released to the  
custody of parents/guardians. All trips are chaperoned by teachers, staff and parents.

Emergency Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other:

\_\_\_\_\_

I give permission for District Five Personnel to administer prescription as well as non-prescription medications to my child

\_\_\_\_\_.

(child's name)

Please list any medications that your child **should not be given**: Write **none** if none apply.

\_\_\_\_\_

\_\_\_\_\_

—

Student's Signature \_\_\_\_\_

Parent's/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My permission is given for my child to receive emergency medical treatment in case of injury or illness during this activity.

\_\_\_\_\_