



PARENTAL CONSENT AND EMERGENCY INFORMATION FOR INTERNSHIPS

Trip or Activity Planned Daily Trips to CTE Internship – 8/28/17 – 5/31/18

Purpose of Trip or Activity Complete required 135 hours for CTE Internship Course.

Name of Teacher/Sponsor Rebeca Davis, CTE Internship School Broughton High School

Method of Transportation Privately-owned vehicle (Student Provided Transportation)

I REQUEST THAT THE BELOW-NAMED STUDENT BE ALLOWED TO PARTICIPATE IN THE TRIP PLANNED AND SPECIFICALLY CONSENT TO THE STUDENT’S PARTICIPATION.

Name of Student \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature (Grades 6-12) \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian Medical Emergency Authorization

In the event of a medical emergency while my child is participating in a school trip, I authorize Wake County Public School System officials to release the following information to the healthcare provider. I understand school officials will use the contact information provided below to contact me in the event of such emergency. If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) arranging for and consenting to the procedures or treatment in the supervisor’s discretion. I will pay the costs of any such medical procedures or treatment.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact Information

1<sup>st</sup> Choice

2<sup>nd</sup> Choice

Name: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_  
(Day)

\_\_\_\_\_  
(Mobile)

\_\_\_\_\_  
(Day)

\_\_\_\_\_  
(Mobile)

Emergency Medical Information (Please complete as applicable.)

Family Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

Medication taken routinely: \_\_\_\_\_

Special health needs: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_



**NOTICE TO VOLUNTEER DRIVERS  
SCHOOL TRIPS OR ATHLETIC EVENTS**

DESTINATION/NATURE OF THE ACTIVITY Internship Site in order to complete  
135 required CTE Internship hours

DATE(S) OF TRIP 2017-2018 School Year

NAME OF TEACHER & SCHOOL Rebecca Davis- Broughton High School

“A school trip is defined as a student or a group of students leaving a school campus under the sponsorship of the school and under supervision of school employee(s) to extend educational experiences consistent with the general goals and objectives of the total school program. A school trip must be related to the curriculum of the school or to a co-curricular activity (e.g., clubs, student council). Any trip made by school students which has not been approved by the board and school administration in accordance with Policy 5430 shall not be considered to be a school trip as herein defined.”  
School Board Policy 5430.2

Athletic events include practices and /or games of the sports offered by the Wake County Public School System. These events are not included in the definition of school trips.

<p><b>Transportation for School Trips and Athletic Events</b></p> <p>If student transportation is by a Wake County System owned vehicle, the school system vehicle liability coverage is applicable to any vehicular accident.</p> <p>If student transportation is by a private vehicle, the vehicle owner’s liability coverage is applicable to any vehicular accident.</p> <p>Parent or adult drivers should be aware that they may be held responsible for injuries to any individuals they are transporting and must certify that any private vehicle used is covered by at least the North Carolina State required insurance coverage.</p>
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*I have read the above statements regarding accident insurance coverage on Wake County Public School System school trips or athletic events. I also understand that I, or the owner of the vehicle being driven by me on this trip, may be responsible for injuries that occur to the individuals being transported. In the event that I am using a privately owned vehicle for transportation on this trip, I certify that the vehicle is covered by insurance as required by North Carolina State Law. I further certify that I have a current operator’s license that has not been suspended or revoked for any reason, which authorizes me to drive the vehicle being used in the state of North Carolina and that I have not been charged or convicted of any motor vehicle violations, other than minor traffic violations, within the past 5 years.*

\_\_\_\_\_  
DRIVER’S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
VEHICLE OWNER’S INSURANCE COMPANY

\_\_\_\_\_  
POLICY NUMBER

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE