STUDENT FIELD TRIP PERMIT

_________________________________ has my permission to travel on field trips with the
_________________________________ program of Ashland County-West Holmes Career Center.

I understand my son/daughter may need personal money to participate in all the planned activities of the
field trip experiences. I also understand that my child must abide by all school and host regulations while
on these field trips. I release the Ashland County-West Holmes Career Center and its employees from
any liability that may develop as a result of my son/daughter’s participation in these field trips.

_________________________________  _________________________________________
Date                                               Signature of Parent or Guardian

As a student, I also understand that I must abide by all school and host regulations, to/from and during the
entire field trip. I also understand that I am responsible for contacting instructors and securing
assignments to ensure completion of all work missed during the field trip. Failure to abide to these
policies may result in school disciplinary action and/or loss of credit for missed schoolwork.

_________________________________  _________________________________________
Date                                               Signature of Student

STUDENT INSURANCE INFORMATION AND WAIVER

The Career Center requires all students to either purchase school student accident insurance or return
the properly completed waiver form. This process must be completed prior to the student participation in
assigned laboratory activities. A student not completing this requirement will not receive credit for lab until
such time as proper documentation is on file with the Career Center.

Student: _________________________________________   Home School: _______________________
Career Center Program: ____________________________

I certify that __________________________________________ has adequate accident insurance
coverage to permit his or her participation in their vocational training program at the Career Center and we
do not wish to purchase the insurance being offered at the school.

Insurance Company/Carrier Name: _______________________________ Policy #__________________
Date: ________________________  Signature of Parent/Guardian: ______________________________

I certify that __________________________________________ does not have adequate insurance
coverage to permit his or her participation in their vocational training program at the Career Center and I
will be purchasing the school student accident insurance.

Date: ________________________  Signature of Parent/Guardian: ______________________________