**Permission to Participate In Field Trip**

**Honors Work-Based Learning UNG Business Ethics and Leadership Training**

**Thursday, March 28, 2019**

***\*Please returned signed permission form to your WBL Coordinator by Friday, March 22***

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This permission form has been signed only after understanding and considering the following information;

1. **Trip Planned**: Students will travel to UNG Dahlonega Campus to participate in the Mike Cottrell Business Ethics and Leadership training seminar. You will meet your bus at the designated place given to you by your WBL Coordinator at 8:30AM. The training will conclude at 2:00 and you will return back to your cars around 2:30 for departure.
2. **Purpose of Trip**: Honors students will participate in the Business Ethics and Leadership Training Curriculum presented by UNG Professor, Rose Proctor. This training will go toward their GeorgiaBest Soft Skills certification.
3. **Supervision**: Hall County Work-Based Learning Coordinators
4. **Transportation**: Students will drive themselves to meet a School Bus that will transport them to UNG Dahlonega.
5. **Insurance**: I understand that the Board of Education does not or may not carry any insurance relative to the trip for injuries to the student. My child has insurance through the Board’s student insurance program or through my own insurance carrier.
6. **Funds Requested**: Amount: **N/A; Lunch will be provided by UNG Dahlonega.**
7. **Dress Code**: TBD
8. I request that the above named student be allowed to participate in the trip planned and specifically consent to his/her participation.

I also authorize the school to obtain through a physician of its own choice any emergency care that may become reasonably necessary for the student during the trip. I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student during the trip.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent /Guardian Parent /Guardian

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