**N.A.F.C. SCHOOL CORPORATION**

**PERMIT TO TRAVEL**

**(PLEASE SIGN AND RETURN)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to make the field trip to

**The Floyd County Jail** on **Friday, April 29th** with Leslie Williams of Highland Hills Middle School and will not hold the school as an institution or the school officials as individuals responsible in case of an accident. Transportation will be provided using personal chaperone vehicles. Chaperones will be notified.

**Date and Time of Departure:** Friday, April 29th at 4 p.m. from Highland Hills Middle School

**Estimated Time of Return:** the tour of the jail will end at approximately 6 p.m. We will return to HHMS after dinner at Big Four Burgers in New Albany.

**SELECT FROM THE OPTIONS BELOW:**

\_\_\_\_ My child will be picked up **at the jail,** 311 Hauss Square, New Albany at 6 p.m.

\_\_\_\_ My child will be picked up **at Big Four Burgers**, 114 E. Main Street, New Albany at 7 p.m. Student buys own food.

\_\_\_\_ My child will be picked up **at HHMS** after dinner.

**Parent/guardian signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_

Please let me know if you have any questions [lwilliams@nafcs.k12.in.us](mailto:lwilliams@nafcs.k12.in.us) Thank you!

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**Floyd County Sheriff’s Department**

**DEPARTMENT / JAIL TOUR PERMISSION SLIP**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHILD’S FULL NAME DATE OF BIRTH**

This form is recommended for group use to obtain approval and consent for guests (if applicable) under 18 years of age to participate in a tour of the Floyd County Sheriff’s Department. This form is required for the guest to be allowed on the tour and needs to be completed by the minor’s legal guardian. If you have any questions regarding the department tour please contact us at 812.948.5404

**Understanding of the Activities**

The tour of the Floyd County Sheriff’s Department will included the dispatch center, courthouse, and jail areas under the strict supervision of the correctional staff. The jail will be on full lock-down during this tour and there will be no direct contact with the inmates and we will make every effort for the minor not to be seen by our inmate population or have access to those areas. The safety and security of the facility is the up most importance during these activities.

**Hold Harmless Agreement**

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Floyd County Sheriff’s Department, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT’S PRINTED NAME**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT’S SIGNATURE DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT’S EMERGENCY CONTACT NUMBER**

If you have any questions regarding this form or tour, please feel free to contact the organization hosting the tour or our department directly at 812.948.5404