

**DUPLIN COUNTY SCHOOLS**  
**INSURANCE RELEASE FOR SCHOOL TRIPS**

We, \_\_\_\_\_, the parents or guardian of  
(Name of Parent/Guardian)

\_\_\_\_\_, who is enrolled in  
(Name of Student)

\_\_\_\_\_, have adequate personal hospitalization  
(Name of School)

and accident insurance. The name of our company is \_\_\_\_\_  
(Name of Insurance Company)

with policy number \_\_\_\_\_  
(Policy Number)

**WE ASSUME ACCIDENT AND HOSPITALIZATION INSURANCE RESPONSIBILITY FOR OUR CHILD ON  
SCHOOL-SPONSORED TRIPS AND DO NOT WISH TO TAKE OUT SCHOOL INSURANCE.**

Signature: \_\_\_\_\_  
(Signature of Parent/Guardian)

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