FIELD TRIP PERMISSION AND AUTHORIZATION
FOR EMERGENCY CARE TO MINOR(S)

__________________________________________ SCHOOL

__________________________________________ has my permission to go with (his/her) _____________
class on a field trip to _______________________________ on ____________, 20___.
He/She will leave _________________________ building by _____________________ at ________
a.m./p.m. He/She will return to _________________________ building by __________ at
approximately _________________ a.m./p.m.

In the event of a medical emergency (in the judgment of school personnel) to the minor
student during the trip, I/We hereby authorize ambulance transport, X-ray examination,
anesthetic, dental, medical or surgical diagnosis or treatment by any ambulance service,
physician, dentist, or hospital services or any other emergency medical services to said minor
whether such diagnosis or treatment is rendered at the office of the physician, dentist or
hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment
being required, and is given to encourage those persons who have temporary custody of the
minor, and said physician or dentist to exercise the best medical judgment in diagnosis,
medical, dental or surgical treatment. I/We understand that I/we will assume full financial
responsibility for care rendered.

Signature ____________________________________ Date ____________
(Parent/Legal Guardian or Person Responsible
for Student’s Care)

Signature ____________________________________ Date ____________
(Parent/Legal Guardian or Person Responsible
for Student’s Care)