



EQUITY CHARACTER EXCELLENCE TEAM JOY

RETURN NO
LATER THAN

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 _____, 2____.
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)