

# TRIP AND EMERGENCY TREATMENT PERMISSION FORM



I, \_\_\_\_\_, residing at \_\_\_\_\_,  
Parent/Guardian Name Address

do hereby state that I am the natural parent/legal guardian of \_\_\_\_\_,  
Student's Name

a student at \_\_\_\_\_. I hereby give permission for my child  
Name of School

to attend the \_\_\_\_\_ on  
Name of Trip

\_\_\_\_\_.  
Date of Trip

## COMPLETE IF OUT OF TOWN TRIP

I also authorize the bearer of this letter to administer any first aid required and, if necessary, to consent to an x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the said minor child. This treatment may be under the general or special supervision, and at the advice of any licensed physician or surgeon, when such medical or surgical treatment is an emergency. I will be responsible for any costs of said emergency treatment.

Child's Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Medication Child is Taking \_\_\_\_\_

List any Special Medical History \_\_\_\_\_

I certify that the above information is true and correct. This authorization is valid for the date or time period indicated above, but not to exceed one year from the date of my signature.

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

Telephone Numbers \_\_\_\_\_  
Home Work Other