WEST MUSKINGUM LOCAL SCHOOL DISTRICT
PARENT CONSENT FORM

FIELD TRIP - SPECIAL ACTIVITY - EMERGENCY AUTHORIZATION

CONSENT FOR ACTIVITY

Name of Student_____ Birthdate_____

Age_____ Grade School_____

Student Address_____

Student Home Telephone#_____

Activity Ski Club Trip to Snow Trails

I hereby consent to the above named student participating in the activity listed above. This consent includes travel to and from listed activity.

EMERGENCY MEDICAL INFORMATION

Purpose – To enable parents to authorize emergency medical treatment for student, under the schools authority, that may become ill or injured while participating in above activity and parents cannot be reached.

In the event reasonable attempts to contact me at (phone#) _____ or (Phone #)_____ or other parent at (phone#)_____ has been unsuccessful, I hereby give my consent for: the administration of any treatment deemed necessary by (preferred physician) Dr._____ or (preferred dentist) Dr._____ or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the student to (preferred hospital)_____ or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is preformed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted: _____

_____

_____

_____

Date _____ Parent Signature_____

Address _____

City/Zip _____