



PARENT/GUARDIAN CONSENT FOR FIELD TRIP

I hereby give my permission for _____
(student name)
to be taken on a field trip to _____
(destination)
for the purpose of _____
on _____. I understand that careful planning will be done to insure the safety of all participants.
(date)

(Legal Parent/Guardian signature) (date)

Medical Authorization

If the parent/guardian cannot be reached at the time of an emergency, and if treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or most easily accessible medical facility. I understand that I will assume full responsibility for the payment of any services rendered.

Student Name _____

Name of Parent or Legal Guardian _____
(please print)

(signature) (date)

Home Address _____

City/State/Zip Code _____

Please list any health conditions that are pertinent to this trip _____ List any scheduled or emergency medications your student may need during this trip _____ List any allergies your student has to food or medications _____

Insurance Company _____

Group No. _____ Individual No. _____

Family Physician _____ Phone _____

Emergency Contacts

Parent/Guardian _____ Day Phone _____ Eve Phone _____

Parent/Guardian _____ Day Phone _____ Eve Phone _____

Other Contact _____ Day Phone _____ Eve Phone _____