



**FIELD TRIP / CO-CURRICULAR TRIP
PERMISSION AND EMERGENCY TREATMENT RELEASE**

School Year: _____

I, _____, the parent and or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the above noted minor, my express permission to travel on field trips and for school activities / functions during the school year and to participate in all scheduled activities inherent in this/these trip(s).

In the event of an emergency necessitating medical attention for my child, I do hereby authorize that qualified and licensed medical personnel give treatment. I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by my insurance coverage as noted below.

I acknowledge that liability of the school district and school employees is narrowly defined and extremely limited by State law and local policy.

Signature (Parent and /or Guardian)

Address

Primary Phone

Secondary Phone

CONFIDENTIAL MEDICAL INFORMATION

Family Doctor: _____ Telephone: _____

Insurance Company: _____ Telephone: _____

List pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc...
Indicate any medication or drugs to which the student is allergic: _____

List any regular medication the student is taking: _____

List any other information, which may be helpful: _____

Current immunization status: Tetanus: _____ (mm/dd/yy)

Two other local contacts in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____