

**PARENT/GUARDIAN FIELD TRIP
PERMISSION/EMERGENCY INFORMATION/INFORMED CONSENT FORM**

Field Trip Destination: _____

Teacher _____

School _____

Date of Trip _____

Time (Depart and Return) _____

I hereby give my permission for _____ (Name of student)

to participate in a field trip to _____ (Destination)

on _____
(Date)

Medical/emergency information

Parent name (print clearly) _____

Student home phone #: _____ Student Date of birth: _____

Parent emergency cell phone # _____

Student's Address _____

Family Physician: _____ Phone #: _____

Please list any medical or physical condition, medication information, or allergies which could interfere with the student's safety in these activities: _____

In the event of an emergency (injury, illness, unforeseen incident), I wish the following person to be notified in case I cannot be contacted:

Name: _____ Relationship: _____

Phone #: _____ Alternate phone #: _____

Informed Consent

As the parent/guardian of the above named student, I have read the field trip itinerary and I understand that there may be risks of physical injury associated with participation in these activities.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. These activities are an extension of the school education program and student conduct is to be in accordance with the school's published rules and regulations.

Printed name of parent/guardian

Signature of parent/guardian

Date

Parent/guardian work phone

Home phone #

Cell phone #