

**FIELD TRIP PERMISSION
and
RELEASE FORM**

_____, a course in which _____
(class) (student's name)

is registered, includes field trip(s) during the quarter. Registered students under the age of 18 must submit this completed form prior to the commencement of the first field trip in order to participate. This form is valid from _____ to _____.

(date) (date)

The student's parent or legal guardian must complete the remainder of this form.

Name of parent or guardian: _____

Relationship to student: _____

Home Phone _____ Message Phone _____

Name of business & phone number _____

Name, location & phone number of student's doctor: _____

I give my permission for my child to participate in field trips related to the class listed above.

In the event of an apparent or real emergency, in which medical treatment or hospitalization of my child may be necessary, after effort to contact me at the telephone number above, the undersigned parent or guardian does hereby authorize and appoint COCC, through its agents, to obtain any medical treatment or hospitalization of the above named child as they believe necessary and proper for the immediate care and welfare of said child. I do further authorize and direct any medical doctor or hospital to render any and all treatment believed necessary and proper for the immediate care and welfare of the above named child and the undersigned agrees to pay for such medical treatment and expenses incurred on behalf of such child and shall hold COCC harmless from any and all liability, claims, judgements and costs incurred in or as a result of any such medical treatment or hospitalization.

Date _____ Signature _____
Parent or Guardian

Print your name: _____

1. Students who are emancipated minors must submit documentation stating such.
2. It is the student's responsibility to submit this form to the instructor prior to the field trip.
3. It is the instructor's responsibility to carry this form during the field trip.