



## 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 _____
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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 \_\_\_\_\_