



FIELD TRIP PARENT PERMISSION/ EMERGENCY MEDICAL FORM

I give my permission for my son/daughter, _____, who attends _____ School, in grade _____, to go on a field trip to _____ on _____, 20_____.

I understand that my child will be chaperoned and that reasonable efforts will be made to protect the safety and welfare of all the members of the group.

Signature of parent/guardian

Date

Address

Phone

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EMERGENCY MEDICAL AUTHORIZATION

For your child to participate in this field trip, either Part I or Part II must be completed.

PART I – TO GRANT CONSENT

In the event reasonable attempts to contact me,

_____, at
Name of parent/guardian

Telephone number

OR

_____, at
Emergency name and relationship

Telephone number

have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by:

_____, at
Preferred physician

Telephone number

_____, at
Preferred dentist

Telephone number

or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; or (2) the transfer of the child to:

_____ Hospital, or any hospital reasonably accessible.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

This authorization does **not** cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Signature of parent/guardian

Date

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PART II – REFUSAL TO GRANT CONSENT

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Signature of parent/guardian

Date