



**Parent/Guardian
Field Trip
Permission/Emergency Information/Informed Consent
Form**

Date: _____

_____ has my permission to go on the school field trip to the
Student Name

_____ on _____.

I authorize qualified emergency medical professionals to examine and in the event of injury of 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.

Signature of parent/guardian

Date

Printed name of parent/guardian

Work phone

Home Phone

Cell Phone