

# Field Trip Permission Form

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## Consent for Excursion or Extended Trip

I hereby give my consent and permission for \_\_\_\_\_  
(Student's Name)

to participate in and attend the \_\_\_\_\_  
(Activity/Trip)

which shall be conducted on \_\_\_\_\_  
(Date)

As parent and/or the legal guardian of the student, I understand and agree that I am responsible for the student during the trip and that in the event the student should violate the rules established for students during the trip that:

(1) - I will be responsible for and hold Elbert School District #200, its agents, servants, and employees harmless from any and all damage to persons or property caused by acts of the students.

(2) - In the event of repeated or serious violations of the rules established for students, I will accept a collect call concerning the same, and I understand that the student will be sent home immediately by public transportation, at my cost, if situation makes it possible.

## Medical Authorization

I also hereby represent to Elbert School District #200 that the student is in good physical health and the trip does not pose a health hazard to the student.

I hereby grant permission and give my consent for the above-named student to:

(1) - be treated by any qualified nurse, physician or surgeon as may be deemed necessary by the district, its agents, servants or employees during the trip

(2) - be administered medication and/or emergency first aid care as may be necessary or appropriate

(3) - receive treatment in hospitals, medical offices, clinics or elsewhere in the event of accident or illness

To assist in the medical care or treatment the medical information herewith supplied on the Health Information Form is true and accurate.

The student, by his/her signature hereto, fully agrees and consents to the foregoing.

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(Student's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_ (Parent/Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

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### Health Information Form

Student's Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

Person who may be contacted in an emergency if parents cannot be located:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

1. Please list any significant health problems this student has of which sponsors should be aware.

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2. Does this student have allergies to any drugs? If so, which ones?

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3. Please list all medications that this student is taking now and/or will take along on the trip.