

## Student – Field Trip Form

\_\_\_\_\_  
(Last name)                      (First)                      (MI)                      (Phone)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Many of \_\_\_\_\_ school curricular and extracurricular activities involve transporting students from school to the site of the activity using school buses or other school-owned or –provided vehicles. By my signature below, I consent to my minor child’s participation in those activities and the transportation necessary to participate. I understand that the school has no liability for any personal injury or death that may occur while my child is participating in curricular and extracurricular activities and that the school district is not responsible for the cost of medical treatment for any injuries that may occur while my child is participating in curricular and extracurricular activities including the cost of emergency care or emergency transportation.

\_\_\_\_\_  
(Parent Name—Printed)                      (Parent Signature)

### Consent to Medical Treatment

By my signature below, I authorize the principal or other professional employee who is supervising curricular and extracurricular activities to consent to emergency medical treatment for my minor child’s illness or injury that may occur while my child is participating in curricular and extracurricular activities. I also authorize emergency transport of my child by available emergency medical services.

**KNOWN ALLERGIES:** \_\_\_\_\_

**CURRENT MEDICATIONS:** \_\_\_\_\_

**INSURANCE INFORMATION:** \_\_\_\_\_

**INSURANCE RESPONSIBLE PARTY:** \_\_\_\_\_

\_\_\_\_\_  
(Parent Name—Printed)                      (Parent Signature)