

SCHOOL NAME HERE
SCHOOL INFORMATION OR LOGO HERE

FIELD TRIP AND MEDICAL TREATMENT CONSENT FORM

I, _____ the parent/guardian of _____
(Student's name)

hereby give permission for my child to attend the field trip of

(teacher, grade or subject, and school)

The field trip is planned to include the following itinerary:

Educational purposes include: _____

PERMISSION TO GIVE MEDICAL ASSISTANCE

Should any medical emergency arise during the above field trip, I give my permission to the supervising teacher(s) to seek medical assistance for my child.

WAIVER OF LIABILITY FOR FIELD TRIPS

I request that _____ (student) be allowed to participate in the trip and/or activity planned and, recognizing the risks inherent in the trip and/or activity planned, specifically consent to the student's participation. In the event of an accident or a medical emergency, I authorize school officials to seek and consent to emergency medical assistance on the student's behalf. I will assume responsibility for all expenses. I understand that school officials will use the contact information provided to contact me in the event of such accident or emergency.

Parent/Guardian Signature: _____ **Date:** _____