

**PYMATUNING VALLEY HIGH SCHOOL
STUDENT FIELD TRIP PERMISSION**

_____ has my permission to travel the school bus to
(Name of student)

_____ on ____/____/____.
(Name and address of place) (Date)

This is a Pymatuning Valley School approved field trip under the supervision of _____.

Departure time is: _____ Approximate time of return is _____.

Medical Authorization

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and hospitals to be called:

Doctor: _____	Phone: _____
Dentist: _____	Phone: _____
Medical Specialist: _____	Phone: _____
Preferred Hospital: _____	Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

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 prior to the performance of such surgery.

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

Signature of Parent/Guardian _____ **Date** _____

Address: _____

Zip code _____

Residential Parent or Guardian:

Mother's name _____ **Daytime phone** _____

Father's name _____ **Daytime phone** _____

Other's name _____ **Daytime phone** _____