

This form must be completely filled in and signed for student to attend the field trip.

Student's Name _____
Field trip destination _____
Date of trip _____
Teachers in charge _____
Student needs to bring: _____

Medical Authorization:

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for students whom become ill or injured while under the school authority, when parents or guardians cannot be reached.

In the event of reasonable attempts to contact _____ (parent or guardian) at _____ (phone number) or _____ (name) at _____ (phone number) have been unsuccessful, I hereby give permission for the administration of any treatment deemed necessary by Dr. _____ (preferred doctor) or Dr. _____ (Preferred dentist), or, in the event the designated is not available, by another licensed physician or dentist; and the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

Medical concerns:

Signature of parent or guardian granting permission for field trip and medical treatment.