8009

_____
(Name of School)

PARENT CONSENT FORM FOR SCHOOL-SPONSORED FIELD TRIPS

I hereby give permission for my child, or ward, (first name)_____ (last name)_____

to go to_____via school bus or private car. I understand my child will leave

on _____ (date) at _____ (time) and is expected to return on _____ (date) at _____ (time)

In granting this permission, I assume full responsibility for any damage to person or property caused by my child or ward. I further expressly agree that in the event of disciplinary action, or if the health of my child or ward makes it necessary at the discretion of the sponsors, my child or ward may be forthwith returned home at my expense. I understand that the student accident insurance carried by (school name)_____
is in force for this field trip, and I assume financial responsibility for any medical or dental expense incurred over and above that covered by the student accident insurance.

We, the undersigned, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of the school personnel, whether said diagnosis or treatment is rendered at the office of said physician/dentist or at a licensed hospital.

It is understood that this consent is give in advance of any specific diagnosis or treatment being required but is given to encourage the school personnel and said physician/dentist to exercise their best judgment as to the requirement of such diagnosis or treatment.

It is also understood that every possible attempt will be made to contact the parents first; only in case of extreme emergency and failure to be able to contact the parents will this apply. It is further warranted that if this consent form is signed by one of two parents or guardians, it is with the authority of the other.

The sponsors for this field trip are:

Name:_____ Name:_____

Address:_____ Address:_____

Phone:_____ Phone:_____

Cell Phone:_____ Cell Phone:_____

Signature of Parent/Guardian_____

Date:_____ Phone:_____ Cell Phone:_____

Address:_____
(city)   (state)   (zip)