



PARENT/GUARDIAN CONSENT FOR FIELD TRIP

I hereby give my permission for _____
(student name)

to be taken on a field trip to * **Please write in Elementary School you wish to walk at – THIS IS ESSENTIAL** *

(destination)

for the purpose of **“Roots to Wings” 2024 Graduation Walk** on **June 7, 2024**.
Careful planning will be done to ensure the safety of all participants.

(Legal Parent/Guardian signature)

(date)

Medical Authorization

If the parent/guardian cannot be reached at the time of an emergency, and if treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or most easily accessible medical facility. I understand that I will assume full responsibility for the payment of any services rendered.

Student Name _____

Name of Parent or Legal Guardian _____
(please print)

(signature)

(date)

Home Address _____

City/State/Zip Code _____

Please list any health conditions that are pertinent to this trip _____

List any scheduled or emergency medications your student may need during this trip _____

List any allergies your student has to food or medications _____

Insurance Company _____

Group No. _____ Individual No. _____

Family Physician _____ Phone _____

Emergency Contacts

Parent/Guardian _____ Day Phone _____ Eve Phone _____

Parent/Guardian _____ Day Phone _____ Eve Phone _____

Other Contact _____ Day Phone _____ Eve Phone _____