



EQUITY CHARACTER EXCELLENCE TEAM JOY

**RETURN NO
LATER THAN**

**FIELD TRIP PERMISSION AND AUTHORIZATION
FOR EMERGENCY CARE TO MINOR(S)
_____ SCHOOL**

_____ has my permission to go with (his/her) _____ class on field trips throughout the _____ school year. Parents will be notified in advance of changes and/or additional field trips. Staff members will accompany the children. He/She will leave the _____ building by _____ at _____ a.m./p.m. Each trip will take approximately _____ hours.

The following field trips are scheduled for the _____ School Year:

In the event of a medical emergency (in the judgment of school personnel) to the minor student during the trip, I/We hereby authorize ambulance transport, X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any ambulance service, physician, dentist, or hospital services or any other emergency medical services to said minor whether such diagnosis or treatment is rendered at the office of the physician, dentist or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise the best medical judgment in diagnosis, medical, dental or surgical treatment. I/We understand that I/We will assume full financial responsibility for care rendered.

Signature _____ Date _____
(Parent/Legal Guardian or Person Responsible
for Student's Care)

Signature _____ Date _____
(Parent/Legal Guardian or Person Responsible
for Student's Care)