



**FIELD TRIP / CO-CURRICULAR TRIP  
PERMISSION AND EMERGENCY TREATMENT RELEASE  
School Year: 2023-2024**

I, \_\_\_\_\_, the parent and or legal guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the above noted minor, my express permission to travel on field trips and for school activities / functions during the school year and to participate in all scheduled activities inherent in this/these trip(s).

In the event of an emergency necessitating medical attention for my child, I do hereby authorize that qualified and licensed medical personnel give treatment. I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by insurance coverage as noted below.

I acknowledge that liability of the school district and school employees is narrowly defined and extremely limited by State law and local policy.

\_\_\_\_\_  
Signature (Parent and/or Guardian)

\_\_\_\_\_  
Address Primary Phone Secondary Phone

**CONFIDENTIAL MEDICAL INFORMATION**

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

List pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc....  
Indicate any medication or drugs to which the student is allergic: \_\_\_\_\_

\_\_\_\_\_  
List any regular medication the student is taking: \_\_\_\_\_

List any other information, which may be helpful: \_\_\_\_\_

Current immunization status: Tetanus: \_\_\_\_\_ (mm/dd/yy)

Two other local contacts in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_