

FIELD TRIP

**Parental/Guardian Consent Form and
Liability waiver**

Participant's / Child's Name: _____

Birth Date: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

E-Mail: _____

I, _____, grant permission for my child,
_____, to participate in this field trip event that
requires transportation. this activity will take place under the guidance and
direction of employees and/or volunteers from _____.

A brief description of the activity follows:

Type of Event: _____

Location of Event: _____

Individual(s) in Charge: _____

Date and Time of Departure: _____

Return: _____

Mode of Transportation To and From the Event: _____

As parent and/or legal guardian, I remain legally responsible for any personal
actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and
assigns, to hold harmless and defend the Organizer its officers, directors and
agents, and any other representatives associated with the event, from any and all
actions, claims, demands, damages, costs, expenses and all consequential damage
arising from or in connection with my child attending the event or in connection
with any illness or injury or cost of medical treatment in connection therewith,
and I agree to compensate the Organizer, its officers, directors and agents, or

representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____

Phone: _____

Family Doctor: _____

Phone: _____

Family Health Plan Carrier: _____

Policy #: _____

Specific Medical Information:

The Organizer will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations-date of last tetanus/diphtheria immunization: _____

Does the child have a medically prescribed diet? _____

Any physical limitations? _____

Is the child subject to chronic homesickness, emotional reaction to new situations, sleepwalking, bed wetting, fainting, etc.? _____

Has the child been recently exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, indicate the date and disease or condition: _____

You should be aware of the child's special medical conditions:
