SENIOR GRADUATION PRACTICE

FIELD TRIP CONSENT FORM

All information must be filled out and this form returned to school before your child can attend the field trip.

My child, _____, has my permission to participate in the school field trip on June 6th.
Full Name

On June 6th seniors will go to the Cintas Center for a **MANDATORY graduation practice**. Students need to be at school **PROMPTLY at 9:30 am** for a short business meeting before boarding the buses. Any student not reporting on time and missing the bus to the Cintas Center may jeopardize his/her participation in the commencement program.

THE INFORMATION BELOW MUST BE COMPLETED

YOUR CHILD WILL NOT BE PERMITTED TO ACCOMPANY THE CLASS UNLESS THIS FORM IS COMPLETED AND RETURNED TO SCHOOL.

PURPOSE: To enable parents & guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

PART I OR PART II MUST BE COMPLETED

PART 1 – TO GRANT CONSENT

In the event reasonable attempts to contact me or other parent at the phone numbers listed are unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by family doctor or dentist if preferred is unavailable.
2. The transfer of the child to preferred hospital listed or any other hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

_____

_____

_____

PHONE NUMBERS WHERE YOU CAN BE REACHED ON DAY OF TRIP: (Give at least three)

_____	_____	_____
Parent/Guardian	Parent/Guardian or Alternate	Alternate
_____	_____	_____
Phone #	Phone #	Phone #

_____ _____
Doctor Dentist

_____
Hospital

_____ _____
Signature of Parent/Guardian: Date

PART II – REFUSAL TO CONSENT

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: _____.

Signature of Parent/Guardian: _____ Date: _____

Address: _____ Phone: _____