

## FIELD TRIP PERMISSION FORM

I (we) the parent(s) of \_\_\_\_\_, a student at Red Sands Christian School, give permission for my child(ren) to participate in school field trips during the time they are in attendance at the school.

As a parent, I will be informed of each trip in advance and in the case that my child would NOT be participating in said activity, I MUST notify the teacher in advance of that field trip day. In the event that a trip requires a financial obligation on my part, the teacher will plan far enough in advance so that the student and parent can budget accordingly.

I understand that reasonable precautions will be taken to safeguard my child during the trip and I will not hold Red Sands Christian School or its employees or volunteers responsible for any accidents or losses which might be sustained during the trip.

Parent or Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Medications/Known Allergies: \_\_\_\_\_

Additional Medical Conditions: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Carrier Name: \_\_\_\_\_ Policy No. \_\_\_\_\_

Permission to treat if necessary:  Yes  No

Permission to transport to nearest medical facility if unable to reach parent/guardian:  Yes  No

### To: Emergency Medical Personnel:

I, the undersigned parent/guardian/custodian of \_\_\_\_\_, Student's Name

a minor, authorize accompanying school personnel to consent in any emergency situation to any x-ray examination, laboratory test, anesthetic, medical or surgical procedure or hospital care required on the above minor while in their custody, and for which I am unable to be reached to provide consent. Such care must be recommended by and performed under the supervision of a physician licensed to practice medicine in the United States. I understand that if transportation by ambulance is necessary, I must assume the financial responsibility. My student may be released to accompanying school personnel following completion of treatment and in my absence.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_