

NORDONIA HILLS SCHOOL DISTRICT
FIELD TRIP CONSENT FORM

_____ HAS MY PERMISSION TO GO WITH _____
Name of student *Name of teacher*

of _____ on a field trip to _____
Building

on _____. The approximate time of return will be _____.

Parent/Guardian Signature

All field trips are carefully planned and supervised and every precaution will be taken for the safety of your child.

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable mother/father/guardian to authorize the provision of emergency treatment for students who become ill or injured while under school authority, when mother/father/guardian cannot be reached.

****YOU MUST CHOOSE BETWEEN FILLING OUT PART 1 OR PART 2****

PART 1 (TO GRANT CONSENT)

I hereby grant consent for the following medical care providers and local hospital to be called:

DOCTOR/PHONE _____ LOCAL HOSPITAL/EMERGENCY/PHONE _____

DENTIST/PHONE _____ MEDICAL SPECIALIST/PHONE _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two 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 medical concerns and/or allergies to which physicians should be alerted:

Signature of Mother/Father/Guardian (Approving Information listed above) _____ Date _____

PART 2 (REFUSAL TO CONSENT) *DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1**

I do NOT give my consent for emergency treatment of my child in the event of illness requiring emergency treatment. I wish the school authorities to take NO action or to _____

Signature of Mother/Father/Guardian (Approving Information listed above) _____ Date _____

Address

Daytime Phone Number