

CHINA SPRING I.S.D. FIELD TRIP PERMISSION FORM

My child, _____ has my permission to attend the following field trip:

Grade: _____ Trip: _____ Date: _____

Sponsor(s): _____

Destination: _____

Time Leaving: _____ Time Returning: _____

Authorization to Consent to Medical Treatment of a Minor

In case of an emergency, please provide the following information. This form is necessary because many hospitals will NOT begin treatment of an injured/ill minor if parental consent cannot be obtained. The presence of this form allows the doctors to begin emergency treatment at once. Of course, you will be notified as soon as possible if your child requires emergency hospital care. If you have Medical Insurance, please give the following information:

Name of Insurance Company: _____

Policy Number: _____

Date of Birth: _____

Parent/guardian/doctor contact information:

Name: _____ Relation: _____

Phone Number(s): _____

Name: _____ Relation: _____

Phone Number(s): _____

Student's Doctor: _____ Phone Number: _____

If parent/guardian cannot be reached, please contact:

Name: _____ Relation: _____

Phone Number(s): _____

Please list any existing health conditions and/or medications:

Heart trouble _____ Allergies _____ Epilepsy _____ Asthma _____ Diabetes _____

Other _____ if so, what kind _____

Medications: _____

Drug Allergies: _____

Signature

I agree to indemnify and hold you, or your representative, and the China Spring ISD harmless from any claim for injury or damage to my child during this trip.

I give authority to China Spring ISD to consent to medical treatment of the child in the event that I cannot be contacted. The China Spring ISD is an educational institution in which the child is enrolled.

I have read, understand, and agree to abide by the Student Code of Conduct.

Parent's Signature: _____ Phone Number: _____

Student Signature: _____ Date: _____