



Permission/Emergency Release for Extended Field Trip In-State

Having read the information, which outlines the proposed Extended Trip, we give permission for our child to participate.

Trip Destination _____ Dates of Trip: _____

Group Name: _____ Group Leader: _____

Students Full Legal Name: _____ **Date of Birth:** _____

Parent/Guardian #1 _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Parent/Guardian #2 _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

List all known medical conditions, including food/drug allergies. In addition, include any and all over-the-counter or prescription drugs taken regularly that the student will be taking with him/her for this trip.

Food/Drug Allergies: _____

Prescription Drugs: _____

Over the Counter Drugs: _____

Emergency Contacts Other Than Immediate Family:

Emergency Contact #1 _____ Relationship to Student _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Emergency Contact #2 _____ Relationship of Student _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Physician's Name: _____ **Clinic Name:** _____

Address: _____ Phone: _____

Dentist's Name: _____ **Clinic Name:** _____

Address: _____ Phone: _____

Primary Insurance Company: _____ **Policy#** _____ **ID#** _____

Billing Address: _____ Phone: _____

Policy Holders Name: _____ Relationship to Student: _____

Secondary Insurance Company: _____ **Policy#** _____ **ID#** _____

Billing Address: _____ Phone: _____

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Statement of Consent

If an emergency arises, it might be necessary to seek care for my child before staff can contact me. Such care can be provided only if I sign the authorization below. Either the authorization or a statement of the reason for not allowing is should accompany this health form.

In case of minor illness or injury, I _____,

Parent or guardian of _____, give my permission for the supervisor of my child to administer necessary treatment and/or first aid.

In case of an emergency, I hereby authorize the official representative of my child's school or the person in charge of the program to permit a physician/hospital to administer emergency or surgical care, and I further authorize any licensed physician, medical facility or trained emergency technician to administer emergency or surgical care.

Date

Signature-Parent/Guardian