**CHINA SPRING INDEPENDENT SCHOOL DISTRICT**

**FIELD TRIP PERMISSION FORM**

Date \_\_\_\_\_\_\_\_

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to attend the following field trip(s):

Class \_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Sponsor Berg/Schwyhart/Mitchell

Destination: Covers All Trips with MS Band

Date: 2023/2024 School Year

Time Leaving Campus

Transportation : Bus

Time Returning to Campus

**Authorization to Consent to Medical Treatment of a Minor**

In case there is 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 Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I (parent/ guardian) cannot be reached please contact:

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number:\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number:\_\_\_\_\_\_\_\_\_\_\_

Child's Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor's Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child has an existing health condition, please indicate:

Heart Trouble \_\_\_\_\_\_\_\_ Allergies \_\_\_\_\_\_\_\_ Epilepsy \_\_\_\_\_\_\_\_\_

Asthma \_\_\_\_\_\_\_\_\_ Diabetes \_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_

**Signature**

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

I give authority to China Spring Independent School District to consent to medical treatment of the child(ren) in the event that you cannot be contacted. The China Spring Independent School District is an educational institution in which the child(ren) is/ are enrolled.

***I have read, understand and agree to abide by the Student Conduct Rules*** & ***Regulations on the reverse side of this form.***

**Parent/Guardian's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**