PARENT/GUARDIAN FIELD TRIP PERMISSION/EMERGENCY INFORMATION/INFORMED CONSENT FORM

Family Physician	Field Trip Destination: D6 First	Year Member CD	_	
I hereby give my permission for	Teacher Maiden	School Touchet High School		
I hereby give my permission for	Date of Trip <u>4/17/24</u>	Time Depart <u>8:0</u>	0AM	Time Return 2:40pm
Medical/Emergency Information Parent Name (Print Clearly) Student Home Phone #	**********	********	*****	***********
Parent Name (Print Clearly) Student Home Phone #Student Date of Birth Parent Cell Phone #Work Phone # Student's Address Family PhysicianPhone # Please list any medical or physical condition, medication information, or allergies which could interfere with the student's safety in these activities:	I hereby give my permission for			(Name of student) to participate in a
Parent Name (Print Clearly) Student Date of Birth Parent Cell Phone #	field trip to Waitsburg High	School	(Destina	tion) on <u>4/17/2024</u> (Date)
Student Home Phone #	Medical/Emergency Information			
Parent Cell Phone #	Parent Name (Print Clearly)			
Family Physician	Student Home Phone #	Student	Date of Birt	th
Phone #	Parent Cell Phone #	Worl	k Phone #	
Please list any medical or physical condition, medication information, or allergies which could interfere with the student's safety in these activities:	Student's Address			
student's safety in these activities:	Family Physician		Phor	ne #
Informed Consent As the parent/guardian of the above named student, I have read the field trip itinerary and I understand that there may be risks of physical injury associated with participation in these activities. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. These activities are an extension of the school education program and student conduct is to be in accordance with the school's published rules and regulations. 2/28/2024	student's safety in these activities: In the event of an emergency (injury,			
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Prince Name of Parent/Guardian Signature of Parent/Guardian Date	 Printed Name of Parent/Guardian	Signature of Parent/Guard	dian	<u>2/28/2024</u> Date