

TRIP AND EMERGENCY TREATMENT PERMISSION FORM

I, _____, residing at
Parent/Legal Guardian's Name

_____, do hereby state that I am the
Parent/Legal Guardian's Address

natural parent and/or legal guardian of _____
Student's Name

a student at _____
School

I hereby give my permission for my child to attend the _____
Name(s) of Trip(s)
_____ trip(s)

on _____
Date(s) of Trip(s) or Time Period (not to exceed one year)

COMPLETE IF OUT OF TOWN TRIP

I also authorize the bearer of this letter to administer any first aid as required and, if necessary, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the said minor child. This treatment may be under the general or special supervision, and or the advice of any licensed physician or surgeon, when such medical or surgical treatment is an emergency. I will be responsible for any costs of said emergency treatment.

Child's Physician _____ Telephone _____

Child's Allergies _____

Medication child is taking _____

List any special medical history _____

I certify that the above information is true and correct. This authorization is valid for the date or time period indicated above, but not to exceed one year from the date of my signature.

Signature of Parent/Legal Guardian Date _____ 19____

Telephone Numbers: _____
Home Work Other