

Life School

Acknowledgment of Responsibility & Permission for Student Participation in Field Trip

I, _____ (parent, guardian) agree to allow my child, _____ (child's name), to attend the field trip to _____ (location) on _____ (date).

I understand that while student safety is a high priority for the District, under State law, the school is not responsible for medical cost associated with student injury.

Parent or Guardian Signature

Date

Daytime Phone Number

I will be available to participate in this field trip as a chaperon. _____

I will not be available to participate in this field trip as a chaperon. _____

- Adults who are attending the field trip as a chaperon need to submit a copy of their Driver's License attached to this form.
- For the safety of our students, adults without documentation will not be allowed to serve as a chaperon.

NOTE: The sponsors of this trip will take copies of each student's **Authorization to Secure Emergency Medical Treatment.**

Field trip money is Non-Refundable

Life School

Authorization to Secure Emergency Medical Treatment

1. **Name of Student:** _____

2. **Please identify all known allergies of student** (food, drugs, insect bites, dust, etc.) **and the nature of his/her reaction.** (If none, please put N/A.)

3. **If student is presently taking medication, please identify.**

(If none, put N/A.)

4. **In case of emergency, the following persons should be contacted:**

Name: _____ Relationship: _____

Phone 1: _____ home work cell

Phone 2: _____ home work cell

Name: _____ Relationship: _____

Phone 1: _____ home work cell

Phone 2: _____ home work cell

5. **I hereby authorize Life School to provide, at my expense, any and all necessary emergency medical care required for my child,**
_____ (child's name) **while participating in the Event.**

Parent/Guardian Signature

Date _____

Parent/Guardian Printed Name

Phone: _____