

# 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**

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## 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: \_\_\_\_\_