

School of Education Day!

School District of La Crosse FIELD TRIP PERMISSION FORM

This field trip permission form is valid for (Check all that apply.):

Single Use

Multiple Use

Walking Field trips

We, the undersigned parent/guardian of _____ do hereby give our permission and consent for our child to
(Student Name)

go on a field trip to: WWT on: 4/5/19 at: 9:00AM - 1:30PM
(Location) (Date) (Times)

If you have any special request(s) to make concerning your child's participation in this field trip, you should convey your request in writing to the teacher in charge. If possible, such special requests will be honored. It is understood that the student must abide by the directions given by the instructor at all times. This field trip permission form must be signed by a parent/guardian and be on file with the instructor before the student will be taken on the field trip.

It is the responsibility of the parent to notify school authorities if the medical condition of the student changes during the school year. The Health Assistant keeps a copy of the multiple use field trip forms and at the end of the first, second, and third quarter issues a medical update to those teachers having blanket forms

Parents and students are reminded that the Student Code of Rights and Responsibilities and the Co-Curricular Activities Code will apply during field trips. Serious violations may result in having students sent home at the parent/guardian expense.

(Date)

(Signature of parent/guardian)

AUTHORIZATION TO CONSENT TO TREATMENT OF STUDENT

Student's Name _____
(Last Name) (First Name)

Home or Emergency Phone Number _____ Family Doctor _____

Address _____

(We), the undersigned parent/guardian of the above mentioned student minor do hereby authorize the staff member of the School District of La Crosse supervising the activity concerned, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by physician and surgeon of the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Also, the authorized school district staff person has the authority to call for emergency medical transportation or provide transportation himself/herself, for the benefit of the involved student, as the staff person deems necessary.

Every effort will be made to contact persons or guardians to explain the nature of the problem prior to any involved treatment. This authorization shall remain effective until the end of the school year. Any medical expenses incurred will be the sole responsibility of the parent/guardian.

(Date)

(Signature of parent/guardian)

Please list the name of any member of the immediate family that could be contacted in case the parent/guardian cannot be reached.

(Name)

(Phone)

(Relationship to Student)

Due in the office
By March 12th