Note: This form must be signed and returned to the school by _____ (date) if the student named below is to participate in the field trip or activity.

CONSENT TO PARTICIPATE IN FIELD TRIP OR OTHER ACTIVITY AND CONSENT FOR TREATMENT

Date and Nature of Trip:

Itinerary:

All Centre Activities 2017- 2018

Departure Time: Return Time:

Sponsor(s): Type of Travel:

Cost to Student: Other Comments:

I,_____ , the parent/ legal guardian of _____

give my consent for my child to participate in the field trip/ other activity described above. I further give my legal consent and authorize any representative of Centre School to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted above by any physician or dentist licensed in accordance with the provisions on the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child. USD 397 only carries limited secondary insurance coverage.

I acknowledge and agree that Centre School is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize the treatment. To facilitate contacting me, I agree to continue to provide current work and home phone numbers to the school.

Students on overnight trips are not covered by USD 397 insurance while at the place of lodging unless a school sponsor is physically present in the same room where the student is located.

Health Insurance Provider Name

_____

Parent or Legal Guardian Date

_____

Health Insurance Policy Number Work Phone #_____

_____ Home Phone #_____