

***STUDENT EMERGENCY FIELD TRIP
INFORMATION AND LIABILITY WAIVER***

Student's Name _____

Parents' Names _____

Address _____

Home Phone _____ *Work Phone* _____

Additional Emergency Contact Person _____

Home Phone _____ *Work Phone* _____

Please list important medical information:

I understand that in case of a medical emergency every effort will be made to contact parents or the emergency contact person on this form prior to administering medical treatment. However, if it is inadvisable to delay treatment, I do hereby authorize and hold harmless teachers or a designated parent, acting on my behalf, to consent to and authorize such diagnostic procedures and medical care at a recognized hospital or emergency care facility. Also, I agree to be responsible for all reasonable charges for such treatment.

Medical Insurance # and Company _____

Parent Signature _____

I understand there is some risk of injury to my child from participating in school related activities such as this field trip. I hereby represent that my child is physically and mentally able to participate and I, for myself, and on behalf of my child do hereby release, discharge, and indemnify the teachers and other parent volunteers for injury to my child for any damages to persons or property which may result from my child's participation in this field trip.

Parents Signature _____ *Date* _____