

FIELD TRIP/EMERGENCY TREATMENT FORM

PERMISSION SLIP

My son/daughter has permission to attend the field trip to _____ date _____.

The bus will leave school at _____ and arrive back at _____.

The cost of the trip is _____. Please call the school if you can chaperone.

You may send either a sack lunch or money with your child. We will be stopping at _____ for lunch on the way home.

AUTHORIZATION TO TREAT A MINOR

In the event of an apparent or real emergency the undersigned parent or guardian does hereby authorize and appoint Central Howell School, through its agents, to obtain any medical care of hospitalization of the above-named child, as they believe necessary and proper for the welfare of said child. I do further authorize and direct any medical doctors or hospital to render any treatment believed necessary and proper for the immediate care and welfare of the above-named child. The undersigned agrees to pay for all such medical treatment and expense on behalf of such child and shall hold Central Howell School harmless for any and all liability, claims, judgments and cost incurred in or as a result of any such medical treatment or hospitalization.

Allergies to any food or drugs? _____

Any health or personal restrictions? _____

EMERGENCY CONTACTS

In the event I cannot be reached please try to contact the following:

Name: _____ Daytime phone: _____

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Student Name: _____ Grade: _____

Parent Signature: _____ Date: _____