

# SOUTH SHORE SCHOOL DISTRICT

## PARENT/GUARDIAN PERMISSION FOR SCHOOL SPONSORED FIELD TRIP CONSENT TO MEDICAL TREATMENT & RELEASE OF INFORMATION

**Please complete and return this form.**

**STUDENT NAME:** \_\_\_\_\_ has the opportunity to travel to and from the **South Shore Summer School Classes** with the understanding that the school district is providing transportation. If you approve your child's participation, please sign and return this form to the school.

**PARENT/GUARDIAN:**

I understand the nature of the school activity in which my son/daughter will be participating and that he/she is expected to abide by all school regulations during the course of the activity.

I hereby give my permission for him/her to participate in the field trip.

In the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to the district. I do further authorize emergency treatment to be initiated at any medical facility to which my son /daughter has been transported.

I further agree that if my son/daughter receives medical treatment and/or is hospitalized, his/her name shall be released to school district officials upon their request.

**IMPORTANT MEDICAL INFORMATION THE TEACHER / ADVISOR SHOULD KNOW:**

\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **HOME PHONE NUMBER:** \_\_\_\_\_

**WORK PHONE NUMBER:** \_\_\_\_\_ **CELL PHONE NUMBER:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

*THIS FORM SHALL BE KEPT BY THE TEACHER / ADVISOR / CHAPERONE DURING THE FIELD TRIP ACTIVITY AND A COPY LEFT AT THE SCHOOL OFFICE.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_