

**PARENT/GUARDIAN PERMISSION TO ATTEND
SCHOOL SPONSORED FIELD TRIP, CONSENT FOR MEDICAL TREATMENT AND PERMISSION
FOR STUDENT AS DRIVER OR PASSENGER IN A PRIVATE VEHICLE**

Field Trip Destination: _____ Date: _____

Supervising Teacher: _____

FIELD TRIP PERMISSION:

I give permission to _____ to go on this field trip and understand that monies received are non-refundable unless the trip is cancelled by the school. However, Joel Barlow High School cannot be responsible for the loss of monies if the trip is cancelled due to intervening world events. The student and parent must assume personal risk of this loss.

CONSENT TO MEDICAL TREATMENT:

In the event that reasonable attempts to contact the parent/guardian or the other name listed below have been unsuccessful, I hereby

DO DO NOT (Please circle one)

give consent for the administration of any emergency treatment necessary by available licensed medical personnel. This consent does not cover major surgery unless medical opinions of two other licensed physicians are obtained prior to the performance of such surgery.

Name of Student: _____ Date of Birth: _____

Parent/Guardian: _____ Home Phone: _____

Work/Daytime Phone: _____ Cell Phone: _____

Name of Emergency Contact: _____ Home Phone: _____

Work/Daytime Phone: _____ Cell Phone: _____

Relationship to Student: _____

If your child has any special medical problems, prescriptions, allergies, etc. please advise: _____

Parent/Guardian Signature: _____ Date: _____

To be completed only if private transportation is to be used for this field trip:

**PARENT/GUARDIAN PERMISSION FOR STUDENT AS A DRIVER OR A
PASSENGER IN A PRIVATE VEHICLE TO A SCHOOL SPONSORED FIELD TRIP**

I am a parent or legal guardian having custody of _____, a minor pupil who attends Joel Barlow High School. I hereby give permission to my child to

_____ DRIVE SELF IN A PRIVATE VEHICLE
_____ RIDE AS A PASSENGER IN AN ADULT-DRIVEN PRIVATE VEHICLE (please check one)

to this school-sponsored activity. In the event of an insurance claim, the driver's policy is invoked. All drivers must complete a Form #2, Driver and Vehicle Insurance Information.

Parent/Guardian Signature: _____