



FIELD TRIP CONSENT / MEDICAL RELEASE FORM

Parental/Guardian Permission

I agree that _____ as a member of _____, may
(Student's Name and ID#) (Name of Group/Organization)
travel to all events for this organization for the academic school year _____.
(School Year)

Parent or Guardian (Printed Name)

Date

Students will be transported to and from the location of the field trip or event by school/charter bus. All students must ride to and from the location with the organization unless previous arrangements have been made with the teacher and approved by administration.

Medical Information

Every effort will be made to see that your child is well taken care of; however, since we must be prepared for any situation, please complete the following:

Allergies: _____

Any medical history or daily medications we should be aware of:

Do we have your permission to take your child to the nearest doctor or hospital should in our opinion the situation warrants this action? ____ YES ____ NO

The doctor on call, or doctor contracted, has full permission to treat or render emergency care:
____ YES ____ NO

Please print the names and phone numbers of nearest responsible parties:

1. _____ Phone: _____
2. _____ Phone: _____

I UNDERSTAND THAT ALL STUDENTS ARE GOVERNED BY THE SAME RULES ON THIS TRIP AS AT SCHOOL. I ALSO UNDERSTAND THAT ANY INFRACTION MAY RESULT IN DISCIPLINARY ACTION.

Student's Name (printed)

Student's Signature

Date

I hereby release Dickinson ISD and all adult leaders from liability and from any and all claims against them, individually or collectively, for any injuries which might be received during this field trip to or from the destination.

Signature of Parent/Guardian

Home Phone

Date

Work Phone

Cell Phone