

NOTE: This form must be signed and returned to the school by _____(date)

if the student named below is to participate in the field trip or activity.

Consent to Participate in Field Trip or Other Activity and Consent for Treatment

I, _____, the parent and legal guardian of _____
give my consent for my child to participate in the field trip/other activity described here:

on _____date. I further give my legal consent and authorize any representative of _____
School to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-
named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or
other activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas
Healing Arts Act, K.S.A. 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services
incurred on behalf of my child.

I acknowledge and agree that _____School is not responsible for any medical, hospital
expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy
of this document shall have the same force and effect as the original. If my child requires emergency medical
treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to
authorize that treatment. To facilitate contacting me, I agree to continue to provide current work and home phone
numbers to the school.

Parent or Legal Guardian Date

Parent or Legal Guardian Date