

K-12 FIELD TRIP CONSENT FORM

Students in FMS Summer Learning class will be going to

The Lindo 6/16/22 (9:30am-11:30am), Cimino's Little Italy 6/23/22(8am-10am), Four Seasons Bowling 6/30/22 (10:30am-11:30am) on

(Destination)

(Date See Dates Above)

Time leaving: **Please see times Above**

Time returning: **Please see the times above**

In order for your child, _____, to participate, the district

(Print student's name)

requires the parent to give written consent and provide insurance coverage information prior to departure.

Please check the appropriate boxes below:

☐ **I give consent for my child to participate on this field trip.**

My child's insurance coverage includes:

☐ **Regular school student accident insurance.**

☐ **Accident insurance other than school insurance**

☐ **No accident insurance, but understand accidents which may occur on trips are my responsibility.**

☐ **I DO NOT** wish my child participate on this field trip.

In the event of illness or injury, school personnel will be authorized to take your child to the nearest hospital. Your signature indicates you agree to assume all responsibility and expenses incurred while handling this emergency care.

(Parent/Guardian Signature)

(Parent/Guardian Address)

(Parent/Guardian Telephone Contact in case of emergency)

(Date mm/dd/yy)

(Print Doctor's name)

(Doctor's telephone number)

*If your child requires medication of any kind (prescription or non-prescription), has an EpiPen injector or has an inhaler for asthma, **YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM.**

FRONT AND BACK OF THIS FORM MUST BE COMPLETED

In the event of an emergency, does your child have any special medical condition of which we should be aware? Ex: Seizures, allergies, etc.

☐ **No**

☐ **YES (Please explain)** _____

DAILY NOON-TIME MEDICATION

_____, (Print student's name) has a medical condition of _____, (Print medical condition) which may require him/her to have daily noon medication or daily noon inhaler while on a field trip.

Please check the appropriate spaces and sign below:

1. ☐ I will accompany my child, bring the medication from home and give the medication to my child on the field trip.
2. ☐ I have asked my child's doctor and medication will not be required on the date of the field trip.
3. ☐ I have asked _____ and he/she has agreed
(Print adult's name) _____ to give the medication to my child on the field trip. I will provide this adult with one dose of medication in the original container from my home. Do not write your child's teacher's name without his/her permission.
4. ☐ My child has been instructed by his/her doctor in the use of a daily noon-time inhaler and is able to self-administer.

The student may carry his/her inhaler only with written permission from the doctor.

(Print doctor's name)

(Doctor's telephone number)

(Parent/Guardian signature)

(Date)

EMERGENCY MEDICATION

(If needed)

Please check appropriate space and sign below:

1. ☐ I will accompany my child, bring the medication from home and give the medication to my child on the field trip.
2. ☐ I have asked _____ and he/she has agreed
(Print adult's name) _____ to bring from home and administer the EpiPen to my child on the field trip, if needed.
3. ☐ My child has been instructed by his/her doctor in the use of an inhaler and is able to self-administer, if needed.

The student may carry his/her inhaler ONLY with written permission from the doctor.

(Doctor's name)

(Doctor's telephone number)

(Parent/Guardian signature)

(Date)

T-Shirts

As part of the mentoring program all students will be given a t-shirt. Please include your child's t-shirt size. Adult sizes only.

T-Shirt size: _____