

School District of La Crosse

Field Trip Permission Form

We, the undersigned parent(s), (or guardian) of _____
(Student Name)
do hereby give our permission and consent for our child to go on a field
trip to _____ on _____
(Name of Place) (Date or Dates)
at _____
(Time of Day)

If you have any special request to make concerning your child's participation in this field trip, you should convey your request in writing to the teacher in charge. If possible, such special requests will be honored. It is understood that the student must abide by the directions given by the instructor at all times.

Signature of Parent / Guardian

This field trip permission form must be signed by a parent / guardian and be on file with the instructor before the student will be taken on the field trip.

DIS 0077

APPENDIX 4 STUDENT FIELD TRIP / EXTENDED TRAVEL AUTHORIZATION TO CONSENT TO TREATMENT OF STUDENT

Student's Name _____ Grade _____
Last First

Home or Emergency Phone No. _____

Address _____

Family Doctor _____

(We), the undersigned Parent/Guardian of the above mentioned student minor do hereby authorize the staff member of School District of La Crosse supervising the activity concerned, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon on the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Also the authorized school district staff person has the authority to call for emergency medical transportation or provide transportation himself/herself, for the benefit of the involved student, as the staff person deems necessary.

Every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment. This authorization shall remain effective until the end of the school year.

Date

Parent/Guardian

Please list the name of any member of the immediate family that could be contacted in case the parent/guardian cannot be reached.

Name _____ Phone _____ Relationship _____

DIS 0081