

**OUT OF COUNTRY TRIP
PERMISSION FOR MEDICAL CARE**

My son / daughter has permission to participate in the _____ School out of the country field trip. I / we agree to and do hereby authorize _____ School personnel and representatives to act for us in any emergency or accident or illness in the event my son or daughter requires medical attention if deemed necessary by a professional in the medical field.

Release

In the event my / our son or daughter is unable to continue participating in the program due to illness or injury, the _____ school officials / chaperones are authorized to obtain medical treatment and / or release my son or daughter to my / our personal care and make whatever arrangements are appropriate under the circumstances.

The _____ personnel or representatives shall not be responsible for any costs or debts incurred in conjunction with any illness or accident, and I / we agree to be responsible for such costs or debts as well as for any costs incurred for the early return travel for my / our son or daughter which exceed the return airline ticket fare or other transportation costs.

I / we agree to be responsible for and to pay any bills for medical, optical, dental, or related health care services whether or not such services are covered by insurance. Should such bills be paid by _____ personnel or representatives due to an emergency or otherwise, I / we agree to repay such amounts promptly to those responsible.

Please Print

Name of Parent or Legal Guardian _____

Name of Student _____

Address _____

Telephone / Home _____

Telephone / Work _____

Telephone / Cell _____

By my signature below, I certify I am the legal guardian and agree to the requirements above.

Parent's or Guardian's Signature

Date

In case of sudden illness or injury, and the parent or guardian cannot be reached, please list the names, addresses and telephone numbers of alternate persons who would be responsible for the student until the parent or guardian can be reached

Student's Name _____

Name _____ Relationship _____

Address _____

Telephone / Home _____ Telephone / Work _____

Telephone/Cell _____

Name _____ Relationship _____

Address _____

Telephone / Home _____ Telephone / Work _____

Telephone/Cell _____

Name _____ Relationship _____

Address _____

Telephone / Home _____ Telephone / Work _____

Telephone/Cell _____

Parent's or Guardian's Signature

Date

First Reading: 1/6/10

Approved: 2/3/10

Revision Approved: 11/7/13