



# Conval Field Trip

## DISTRICT PARENTAL CONSENT AND RELEASE FORM Field Trip Medical Update and Permission

- Please read the entire form. If there is anything about this form or the activity described that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation
- Be sure to fill in all the blanks and sign where asked to do so
- If you have more than one child participating, please complete one form per child
- These forms are required by the School's Insurance Company

Student Name		Date of Birth	
Home Address		Phone Number	

### FIELD TRIP CONSENT

I, _____, acknowledge I am the parent/guardian of _____ (print parent/guardian name) (print student name)
a minor who desires to participate in the following school sponsored off-campus activity: 8:30-10:30 at Conval Regional High School, touring the CTE programs
Date of Activity: 3/27 Make-up Date (if cancelled for any reason) 3/28
I/We acknowledge that I have been fully informed as to the nature of this activity and that this activity has certain associated risks of injury for all those who participate. The school cannot ensure the safety of my/our child and cannot assume the responsibility for spontaneous, unforeseeable injuries that could not have been prevented by reasonable care
I/We acknowledge that we must provide the school staff and chaperones with medical or other important information that I/We feel the school should know about our son/daughter. This information must be kept confidential.
I/We acknowledge that my/our child must adhere to all the rules, regulations, and instructions pertaining to the safety and protection of the participants, and that failure to comply could exclude my/our child from participation in this activity.
I/We will bear any cost for additional transportation, if our child leaves or is asked to leave this activity before completion.
I/We acknowledge and understand the risks and requirements for our child to participate in this school sponsored off-campus activity. I/We consent to my/our child's participation.
<input type="checkbox"/> I would like to volunteer to chaperone

### EMERGENCY CONTACTS

Mother:	Work Phone:	Cell Phone:
Father:	Work Phone:	Cell Phone:
Other:	Relationship:	Phone:

RN Initials: \_\_\_\_\_

**MEDICAL UPDATE and AUTHORIZATION**

<input type="checkbox"/>	<b>No health problems</b>		
<input type="checkbox"/>	<b>The following health issues that will need consideration on this trip</b>		
		<i>Examples: serious allergy, asthma, medical condition, illness or injury, medicine taken at home</i>	
<input type="checkbox"/>	<b>Medicine to be taken with my child on this activity</b>		
	<input type="checkbox"/>	This medicine is already at school	<i>(inhalers, daily meds, epipens)</i>
	<input type="checkbox"/>	I will send this medicine from home	
<b>Date of last tetanus shot:</b> _____			
<b>Health Insurance Company:</b> _____			
<b>Policy #:</b>	<b>Group #:</b>	<b>ID #:</b>	

**PARENTAL AUTHORIZATION**

<p>In case of medical emergency, and in the event that I/we cannot be reached, I/we authorize the Mascenic Regional School District, its agents, employees, and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered in my/our child by or under the supervision of any daily licensed doctor, dentist, surgeon or other healthcare provider.</p>			
<b>Parent/Guardian Signature:</b>		<b>Date:</b>	