Baldwin-Whitehall School District

Field Trip Permission Form

Group (Class or Activity) _____________________________________________

Teacher(s)/Sponsor(s) ______________________________________________

Destination of Field Trip ___________________________ Date(s) of Field Trip ___________________________

Departure Time _______ Return Time _______ Method of Transportation ___________________________

Student Information

Student’s Name ___________________________________________ Date of Birth __/__/____

Family’s Home Phone Number ______ - ______ - ____________ Cell Phone Number ______ - ______ - ____________

Father’s Work Number ______ - ______ - ____________ Mother’s Work Number ______ - ______ - ____________

Person to call if neither parent can be reached ___________________________ Phone ______ - ______ - ____________

Authorization for Emergency Medical Treatment

In case of a medical emergency, I authorize school personnel to make arrangements for and consent to emergency medical services for my child including but not limited to consultation with healthcare providers and admission to any hospital or other healthcare facility. I also authorize and consent to the administration of all medical/surgical procedures considered necessary or appropriate by any physician or other healthcare provider attending my child. This authorization shall remain effective until such time as I am able to effectively communicate healthcare decisions about my child directly with the attending healthcare providers.

Doctor’s Name ___________________________________________ Doctor’s Phone Number ______ - ______ - ____________

Describe student’s allergies, special factors, current medications: ___________________________________________

Does student have health insurance coverage? Yes No

Health Insurance Provider’s Name ___________________________________________

Policy/Certificate # ___________________________ Group # ___________________________

Name Insured/Policyholder: ___________________________________________

Release and Hold Harmless Agreement

We agree that the Baldwin-Whitehall School District and its officers, directors, employees and representatives shall not be liable for, and we release, exonerate and hold them harmless from all claims, actions and liabilities of every kind because of personal injuries sustained by our child, and property damage, expense or other loss sustained by us, in connection with our child’s participation in this school sponsored activity. We make this agreement intending to be legally bound.

Parent/Guardian Signature ___________________________ Date __/__/____

Print Parent/Guardian Name ___________________________________________

Created by Mary Ann Kraus 3/30/03