

Highline Public Schools

School Name**PARENT'S CONSENT FOR FIELD TRIP/MEDICAL AUTHORIZATION**

I hereby give my permission for _____
Pupil's Name

to be taken on a field trip to _____
Destination

for the purpose of _____

on _____. See attached itinerary and description of activities. I understand that careful planning will be done to insure the safety of all participants.

Signed _____
Parent or Guardian

Method of Transportation

- District Transportation
 Public Transportation: _____
 Private Vehicles
 Other: _____

Date _____

Medical Authorization

If the parent or guardian cannot be reached at the time of an emergency, and if treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or most easily accessible medical facility. I understand that I will assume full responsibility for the payment of any services rendered.

Name (please print) _____
 Parent or Legal Guardian _____
 Signature _____
 Date _____
 Home Address _____
Street City State Zip

Home Phone _____
 Insurance Company _____ Group # _____
 Individual Number _____
 Family Physician _____ Phone # _____

Emergency Contacts:

Father _____ Day _____ Evening _____
 Mother _____ Day _____ Evening _____
 Alternate Contact _____ Day _____ Evening _____

Medication Needs:

- My child will not require medications on this field trip
 My child will require medications on this field trip. I know that I must have a current Medication Authorization signed by me and the Health Care provider and the medications to the school nurse one week prior to the field trip.
 My child will require additional medications not normally given during school hours. Please complete form 2320F⁹.

4/00
 7/09
 10/09