

Highline Public Schools

School Stamp _____

PARENT'S CONSENT FOR FIELD TRIP

I hereby give my permission for _____
Pupil's Name

to be taken on a field trip to _____
Destination

for the purpose of _____

on _____ Date. I understand that careful planning will be done to insure the safety

of all participants.

Signed _____
Parent or Guardian

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