

PASADENA INDEPENDENT SCHOOL DISTRICT
FIELD TRIP CONSENT/MEDICAL RELEASE FORM

E 2-6
revised 12/94

I hereby give my permission and consent for _____ to participate
First Name Last Name

in the school approved field trip to _____
on _____. Students will be transported to and from the location of the field trip
by _____. The trip will take place during the hours of _____ and _____.
(school bus, private automobile)

Every effort will be made to see that your child is well taken care of, however, since we must be prepared for any situation, please fill in the following:

Allergies: _____ . Any medical history we should know:

Do we have your permission to take your child to the nearest doctor or hospital should in our opinion the situation warrant this action? YES NO

The Doctor on call, or Doctor contacted, has my full permission to treat or render emergency care. YES NO

Who is your family doctor? _____

In case of emergency where may we reach him/her? _____

Please give name and phone number of nearest responsible party:

1. _____ Phone _____
2. _____ Phone _____

**I UNDERSTAND THAT ALL STUDENTS ARE GOVERNED BY THE SAME RULES ON THIS TRIP AS AT SCHOOL.
I UNDERSTAND THAT ANY INFRACTION MAY RESULT IN DISCIPLINARY ACTION.**

Student's Signature (Parent in elem. school)

I hereby release the Pasadena Independent School District, _____ School, and all adult leaders from any liability and from any and all claims against them, individually or collectively, for any injuries which might be received during this field trip or activity, or in traveling to or from such field trip destination.

Signature of Parent

Phone

Date

Needs to be signed or student does not go on field trip