

**NORDONIA HILLS SCHOOL DISTRICT**  
**FIELD TRIP CONSENT FORM**

\_\_\_\_\_ HAS MY PERMISSION TO GO WITH \_\_\_\_\_  
*Name of student* *Name of teacher*

of \_\_\_\_\_ on a field trip to \_\_\_\_\_  
*Building*

on \_\_\_\_\_. The approximate time of return will be \_\_\_\_\_.

\_\_\_\_\_  
*Parent/Guardian Signature*

All field trips are carefully planned and supervised and every precaution will be taken for the safety of your child.

**EMERGENCY MEDICAL AUTHORIZATION**

Purpose: To enable mother/father/guardian to authorize the provision of emergency treatment for students who become ill or injured while under school authority, when mother/father/guardian cannot be reached.

**\*\*YOU MUST CHOOSE BETWEEN FILLING OUT PART 1 OR PART 2\*\***

**PART 1 (TO GRANT CONSENT)**

I hereby grant consent for the following medical care providers and local hospital to be called:

DOCTOR/PHONE \_\_\_\_\_ LOCAL HOSPITAL/EMERGENCY/PHONE \_\_\_\_\_

DENTIST/PHONE \_\_\_\_\_ MEDICAL SPECIALIST/PHONE \_\_\_\_\_

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including medical concerns and/or allergies to which physicians should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Mother/Father/Guardian (Approving Information listed above) Date

**PART 2 (REFUSAL TO CONSENT) \*\*\*DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1**

I do **NOT** give my consent for emergency treatment of my child in the event of illness requiring emergency treatment. I wish the school authorities to take **NO** action or to \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother/Father/Guardian (Approving Information listed above) Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone Number