

**Consent to Participate in Field Trip or Other Activity
and Consent for Treatment**

**NOTE: This form must be signed and returned to the school by _____(date)
if the student named below is to participate in the field trip or activity.**

I, _____, the parent and legal guardian of _____

give my consent for my child to participate in the field trip/other activity described here:

on _____ date. I further give my legal consent and authorize any representative of _____ School to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted above by any physician or dentist licensed in accordance with the provisions of the *Kansas Healing Arts Act*, K.S.A. 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

I acknowledge and agree that _____ School is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work and home phone numbers to the school.

Parent or Legal Guardian

Date