

**Hancock County School District
Field Trip Consent Form
Emergency Medical Authorization Form**

Field Trip Destination: _____

DATE of TRIP: _____

This form must be made available by the teacher/sponsor to ensure proper medical treatment by physicians or hospital in the event of serious injury for each student.

GENERAL INFORMATION:

Student's Name: _____

Birth Date: _____ Grade: _____ Sex: _____

Parent/Guardian Names: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ Zip: _____

EMERGENCY CONTACT:

In the event the parent or guardian cannot be contacted, please contact:

Name: _____ Phone Number: _____

I understand this authorization will only be enforced if I cannot personally be contacted and provide for immediate treatment.

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her participation this field trip.

Preferred Physician: _____ Phone Number: _____

Preferred Hospital: _____

FIELD TRIP GUIDELINES/CONSENT:

1. I agree to obey and follow ALL school and district rules.
2. I agree to follow directions and obey the school staff at all times.
3. If rules #1 and/or #2 is broken, the student may lose the privilege of future field trip experiences.
4. The undersigned acknowledge and agree that by their signature(s), they understand and concur that neither the staff or faculty member in charge of this activity nor the Hancock County School District are guarantors or insurers of the physical or emotional safety of the student in and during participation in this activity and the undersigned acknowledge that the said staff or faculty member and the school district are required only to act in the production of things for the needs of the student and the protection of said student from injury and loss in a careful, prudent and reasonable manner; and, they do hereby acquit, discharge and release those persons and the school district from liability from loss or injury suffered by said student, if any, occasioned by the acts of others and covenant and agree to indemnify said staff or faculty member and school district from said student's loss or injury occasioned by others in the event of later claim against said staff or faculty member or the school district by said student predicated upon such incident.

STUDENT AGREEMENT OF UNDERSTANDING:

Student Name (Print): _____

Student Signature: _____ Date: _____

PARENT AGREEMENT OF UNDERSTANDING:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____