

Field Trips, Excursions and Outdoor Education

PINE CREEK ELEMENTARY SCHOOL DISTRICT #19

AUTHORIZATION FOR TREATMENT

Dear Parent/Guardian:

During regular school hours and on special activities away from school, if your child should become ill or injured, every possible effort will be made to contact you or the designated contact. We wish to be prepared with the above authorization that will allow a medical facility/physician to intervene with the appropriate treatment.

I hereby authorize the teaching staff at Pine Creek School to act on my behalf in the event of illness or injury to my child _____, to transport and request medical intervention and treatment from the nearest facility and/or physician.

_____ I do request and consent for said treatment to be administered in my absence.

Parent or Guardian (please print name) _____ Date _____

Signature _____

FIELD TRIP CONSENT FORM

During the course of the year your child’s class will be participating in educational field trips. It is the policy of the Pine Creek School to require parental permission before allowing a student to travel with members of his/her class. If you would like your child to participate, please carefully read and sign this document.

I hereby give permission for my child _____, to go with his/her class on all field trips during the school year. Transportation will be provided by Pine Creek school bus or by private vehicle.

As a parent or guardian, I understand that the school and the staff will try to prevent accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the district. In consideration of the district’s agreement to allow my child to participate in field trips, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child’s participate in field trips that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee or agent of Pine Creek School.

In the event it becomes necessary for the district staff in charge to obtain emergency care for my child, neither the staff nor the school district assumes financial liability for expenses incurred because of an accident, injury, or illness and/or unforeseen circumstances.

Parent or Guardian (please print name) _____ Date _____

Signature _____