

# Parent Permission & Emergency Consent to Treatment

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time Leaving: \_\_\_\_\_

Time Returning: \_\_\_\_\_

Leaving From: \_\_\_\_\_

Returning To: \_\_\_\_\_

Transportation: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description of Event: (place(s), activities, supervision, other pertinent data)

Special Instructions:

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I give permission for \_\_\_\_\_ to attend the

(student's full name)

\_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_\_

(Name of Event)

(Date)

***I give consent for necessary first aid or any emergency medical attention.***

\_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_\_

Parent or Legal Guardian's Signature

On the day of the field trip I, \_\_\_\_\_, can be reached at

(Parent's Name)

Parent's Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship to student)

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_