

## Field Trip Consent & Emergency Form



<b>Student Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Grade</b>
<b>Street Address</b>	<b>City/St/Zip</b>	<b>Age</b>	<b>Birth Date</b>
<b>Guardian/Parent Home Phone Number</b>	<b>Work Phone</b>	<b>Cell Phone</b>	

I acknowledge that any program endorsed by the school is part of the educational process and provides a learning experience of educational value to my child. I hereby give my consent, accept all liability and hold Adrian Public Schools harmless for the above student to participate in the following school-sponsored field trip or event as described: **ALL Marching Band trips/activities as outlined on the 2019-2020 Marching Band Calendar(to be released July 15, 2019)**

X \_\_\_\_\_  
**Parent/Guardian Signature** **Date**

### Authorization & Consent for Medical Treatment

In case of an accident involving injury or suspected injury, or in the case of illness, I hereby authorize a member of the Adrian Public Schools staff to transport my child to the nearest available emergency room and/or authorize treatment for my child.

I hereby make, constitute, and appoint Adrian Public Schools, and its staff, full power to consent to any x-ray, examination, and anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to my child on the advise of any physician or surgeon licensed to practice in the jurisdiction in which our child is located. This authority is delegated by use for the interval of any field trip or event sponsored by Adrian Public Schools in which my child is participating.

**In signing this document, I attest to the fact that these are my wishes.**

X \_\_\_\_\_  
**Parent/Guardian Signature** **Date**

Family's Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies or Other Health Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_