

Due 3/6/17

MS

WARWICK SCHOOL DISTRICT
Field Trip Consent Form



Name of Student: _____ Grade: _____
School Building: Middle School Homeroom: _____
Field Trip: LLMEA Concert Band Adjudication @ Millersville U.
Date of Trip: 3/13/17 Name(s) of Staff Supervising Trip: Matthew TEWAGLIA
Time of Departure: 8:30AM Approx. Time of Return: 12:00pm

As parent and natural guardian of _____, intending to be legally bound hereby,
(Name of Student)

I grant permission for my child to participate in the above field trip. As part of my consent, I agree to the following:

1. I voluntarily assume any and all risks of bodily injury resulting from my child's participation in the field trip noted above.
2. I agree that the Warwick School District, its officers, directors and employees, shall be released and saved harmless from any and all claims, demands or causes of action for damage to or loss of personal property or possessions that may be lost, stolen or damaged during the field trip noted above.
3. I authorize any licensed physician, qualified health care professional and/or health care institution to provide necessary medical treatment to my child who is participating in the field trip noted above. This consent is intended to authorize emergency medical treatment for my child for illness or injury without further parental verification. It is my intent that any licensed physician, qualified health care professional or health care institution may rely upon this consent form, or a copy thereof, in order to provide necessary and appropriate emergency medical treatment to my child pursuant to this authorization. Further, I accept full responsibility for and agree to pay for the cost of such medical treatment.
4. We are beneficiaries of health insurance issued by the following company: _____. Our child is entitled to benefits from this health insurer for necessary and appropriate emergency medical treatment provided to my child in accordance with this authorization. I agree that the Warwick School District, its officers, directors and employees shall be released and saved harmless from any and all liability to me or to my child for claims that can be asserted from medical coverage under our health insurance policy.

Date: _____

By: _____
(Parent/Natural Guardian)

Date: _____

By: _____
(Parent/Natural Guardian)

Listed below are any special medical concerns that are important for consideration. Also listed are the phone numbers to be contacted in case of an emergency during the trip.

Medical Concerns (Please include ongoing medical problems such as allergies, and list medications with dosages):

Emergency Phone Contacts:

Parents _____ Day Phone No. _____

Alternate Person _____ Day Phone No. _____