## Caddo Parish School Board Field Trip Permission Form

	By signing below, I,	[Parent/Guardian], grant
	permission for my child,	_, to attend the field trip to
	[Location] on	[Date].
_	The standard date and standard the standard transfer of the	ΓΜ. 1.
•	I understand that my child will be traveling by	[Mode
	of Transportation] and will be chaperoned by	
	[School/Organization] staff members and volunteers. I have r activities planned for the trip.	eviewed the itinerary and
•	In the event of an emergency, I authorize the trip chaperones to	obtain medical treatment
	for my child. I agree to be financially responsible for any costs in	
•	I understand that participation in this field trip involves inherent	risks. On behalf of myself
	and my child, I assume these risks and agree to rele	•
		and its employees from
	any and all claims or liability arising out of my child's participation. Parent/Guardian does	
	not release the School Board from its own employee's negligent	
•	I have provided up-to-date emergency contact and medical infor	mation for my child to the
	trip organizers. I agree to notify them promptly of any changes I	prior to the trip date.
•	I understand that school/organization rules, regulations and poli	icies apply during the trip.
	I have discussed the behavior expectations with my child.	
•	I consent / do not consent (circle one) to	
	[School/Organization] using photos/video of my child taken dur	ing the trip for educational
	or promotional purposes.	
	This permission slip shall be governed by the laws of Louisiana.	I have read all of the above
and fully understand and agree to these terms.		
Parent	t/Guardian Signature: Da	ite:

## PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency occurring while my son/daughter is on a school sponsored trip, I hereby grant permission to provide emergency medical care and authorize any emergency medical service provider, physician, hospital or other healthcare provider to provide such care to my child. I hereby authorize the school and/or its employees to give consent for my son/daughter, \_\_\_\_\_ to receive medical treatment. Parent's/Guardian Signature Home Phone ( Date Business Phone ( ) Address\_ Person to be notified other than parent or guardian in an emergency: Emergency Person \_\_\_\_\_\_ Phone ( Family Doctor \_\_\_\_\_\_ Phone ( If you do not give permission or authorization for consent to medical treatment, what procedure should be followed? (Please state) Date (Parent/Guardian) **Medical Information** Yes No. Heart Condition or Disease Date of last Tetanus Shot: Diabetes Asthma \_\_\_\_ Convulsive Disorder Does child wear contact lenses? Allergic to Insect Stings Circle: YES NO Allergic to Any Medication If yes to any above, please state any relevant details: Additional medical information that may be helpful. (Please state)\_\_\_\_\_\_ If student is receiving medication, please list name of medication, dosage, and time to be taken: Insurance Company Policy Number