

Chase County Jr.-Sr. High School

Consent to Participate in the Field Trip or Other Activity and Consent for Treatment

I, _____, the parent/legal guardian of _____,
(parent/guardian name) (student name)
give consent for my child to participate in the field trip/ activity described here:
_____ at _____ with
(activity) (location)
_____ on _____
(sponsor(s) name) (date)

I further give my legal consent and authorize any representative of Chase County Jr.-Sr. High School to authorize emergency medical treatment, including any necessary surgery or hospitalization, for above name child, for any injury or illness of any emergency nature he/she might incur while participating in the field trip or activity noted above, by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any other emergency services incurred on behalf of my child.

I acknowledge and agree that Chase County Jr.-Sr. High School is not responsible for any medical, hospital expenses, and/or charges that are incurred in the medical treatment or hospitalization of my child. A photocopy/fax of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to provide current home, cell, and work phone numbers.

This form must be signed and returned to the school by _____ if the student named above is to participate in the above-named field trip or activity.

Parent/Legal Guardian Signature:

Date:

Home Phone:

Cell Phone:

Work Phone: