

# FIELD TRIP PARENTAL AUTHORIZATION FORM

Your child has an opportunity to participate in: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_ Departs from Lake George High School at \_\_\_\_\_

Returns to Lake George High School at \_\_\_\_\_

Number of students participating (approximately): \_\_\_\_\_

Chaperone(s): \_\_\_\_\_

Transportation provided by: ☐ Lake George CSD Bus & Driver ☐ Other: \_\_\_\_\_

In order for your child to participate, this form must be filled out completely and returned prior to the event. No student will be allowed to participate without a completed authorization form.

## EMERGENCY CONTACTS

	Name	Home/Cell Phone Number	Work Phone Number
Parent/Guardian			
Parent/Guardian			
Relative/Friend			

## FAMILY PHYSICIAN

Physician's Name:		Phone Number:	
Special Medical Conditions of Your Child:			

## STATEMENT OF CONSENT

I give \_\_\_\_\_ my consent to participate in this event. In doing so, I agree to the following:

- In case of a medical emergency, I grant the chaperones the right to authorize medical care, if none of the persons named above can be reached.
- My child may personally use the sunscreen I have provided.
- I agree to pay the expense of returning my child home before termination of the event if he or she does not adhere to established standards of conduct.
- The school is not responsible for damage or loss of property personally owned by my child.

Signature of Parent/Guardian \_\_\_\_\_

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