

## Parent-Student Approval Form for Ganado Junior High/High School Field Trip

Event:  
Who:  
Date:

Place:  
Why:  
Time: Cost:

Student Name \_\_\_\_\_ Grade/Class \_\_\_\_\_

I \_\_\_\_\_ (student's name) pledge to abide by all district policies of the Ganado

School District handbook. I understand that I am governed by the same rules on this trip as when I am at school. Any failure to adhere to these policies will result in disciplinary action.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

We/I the parent(s)/guardian(s) of \_\_\_\_\_ understand and agree that the trip is a school sponsored activity and function. This release is intended to cover all injuries of every name, type, kind or nature, and personal property damage, if any, which may be sustained or suffered from any cause connected with or arising out of, or from participation in the listed events. I understand I am responsible for transportation costs if my child is required to return home for disciplinary measures.

This is to certify that my child has my permission to go on the field trip listed with this group. By signing this form, parent(s)/guardian(s) consent to his/her child to take the transportation provided by school or teacher. Means of transportation could be any public, rental or private vehicles driven by an adult.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

### Emergency Medical Release

Student Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact/Phone \_\_\_\_\_

Insurance Company/Policy/Group # \_\_\_\_\_

Doctor's Name/Number \_\_\_\_\_

Known Allergies \_\_\_\_\_ Blood Type \_\_\_\_\_

Medications \_\_\_\_\_

Any additional medical information \_\_\_\_\_

In case of emergency, I authorize emergency treatment to be administered if I cannot be contacted.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Please put a check mark if you do not want your child to participate in this field trip.

Student

Name: \_\_\_\_\_ Grade/Class \_\_\_\_\_

I do not want my child to participate in this field trip.

Parent/Guardian

Signature \_\_\_\_\_ Grade/Class \_\_\_\_\_