



Field Trip Consent & Emergency Form

Student Last Name	First Name	Middle Initial	Grade
Street Address	City/St/Zip	Age	Birth Date
Guardian/Parent Home Phone Number	Work Phone	Cell Phone	

I acknowledge that any program endorsed by the school is part of the educational process and provides a learning experience of educational value to my child. I hereby give my consent, accept all liability and hold Adrian Public Schools harmless for the above student to participate in the following school-sponsored field trip or event as described:

Parent/Guardian Signature	Date
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Authorization & Consent for Medical Treatment

In case of an accident involving injury or suspected injury, or in the case of illness, I hereby authorize a member of the Adrian Public Schools staff to transport my child to the nearest available emergency room and/or authorize treatment for my child.

I hereby make, constitute, and appoint Adrian Public Schools, and its staff, full power to consent to any x-ray, examination, and anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to my child on the advise of any physician or surgeon licensed to practice in the jurisdiction in which our child is located. This authority is delegated by use for the interval of any field trip or event sponsored by Adrian Public Schools in which my child is participating.

In signing this document, I attest to the fact that these are my wishes.

Parent/Guardian Signature	Date
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Family's Medical Insurance _____ Policy Number _____

Allergies or Other Health Conditions _____

Current Medications _____