

Rockwood Area School District Field Trip Consent and Release Form

I, _____ hereby
consent for my child, _____ to engage in
the following activity: _____.

This is to certify that I hereby give my consent to have emergency medical and/or surgical treatment administered to my child in the event of injury or accident while in school, or as a result of participating in school athletics or activities.

Signature of Parent or Guardian: _____ Date: _____
Home Phone Number: _____ Business Phone Number: _____

Medication:

If your child requires medication during a field trip and the parent/guardian is not serving as a chaperone, the parent/guardian must indicate which plan of action will be followed. Check one of the following:

____ I request that the required medication be administered to my child by a nurse during the field trip.

____ I will obtain a temporary order from a licensed prescriber to change the time of administration of medication for my child.

____ My child, has a doctor's order to self-administer their EPI-PEN or an inhaler. I give my permission for him/her to self-administer this medication if needed.

Please list any ailments, which your child may have such as allergies, diabetes, and others.

Insurance Information:

_____ School Insurance _____ Government Assistance _____ Blue Cross/Blue Shield _____ Other

Agent's Name: _____ Phone Number: _____

Secondary Contact for Your Child:

Name: _____ Phone Number: _____

Relationship to your child: _____

Student Contact: I give school personnel permission to contact my child directly (using a district-issued cell phone) during the duration of the field trip, in the case of an emergency, via the student's phone. Yes No

Child's Contact Information: _____