

# **FIELD TRIP PERMISSION FORM**

**This field trip form is valid for Single Use only.**

We, the undersigned Parent(s)/Guardian of \_\_\_\_\_ do hereby give our permission

(Student's Name)

and consent for our child to attend the following field trip:

**School/Grade:** 6th Grade Choir

**Date:** 11/21/2024

**Location:** Central High School

**Time:** 1:30-2:45

**Field trip Fee:** none

**Transportation:** bus

By signing below, and in consideration for being allowed to participate in this field trip we understand and agree to the following:

- It is understood that the student must abide by the directions given by the instructor at all times.
- The *Student Code of Rights and Responsibilities* and the *Co-Curricular Activities Code* will apply during field trips. Serious violations may result in having students sent home at the parents/guardian expense.
- The student and parent(s)/guardian(s) acknowledge and fully understand that there are inherent risks, including the acts or omissions of the student or other students, associated with any field trip activity and that all inherent risks cannot be described as part of this document and I/we assume liability and responsibility for any such risks associated with participation in the activity.
- The student and parent(s)/guardian(s) acknowledge that as a condition of the student's participation in this activity, I/we indemnify and hold harmless and waive any and all claims against the School District of La Crosse, its officers, employees, agents, and volunteers, including but not limit to, claims of negligence of any officer, employee, agent or volunteer or any loss or damage to personal property occurring during or by reason of the student participating in this activity.
- This field trip permission form must be signed by a parent /guardian and be on file with the instructor before the student will be taken on the field trip.

## **AUTHORIZATION TO CONSENT TO TREATMENT OF STUDENT**

(We/I), the undersigned Parent/Guardian of the above mentioned student minor do hereby authorize the staff member of the School District of La Crosse supervising the activity concerned, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon on the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment may deem advisable. Also, the authorized school district staff has the authority to call for emergency medical transportation or provide transportation himself/herself, for the benefit of the involved student, as the staff person deems necessary.

Every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment.

**STUDENT NAME:** \_\_\_\_\_ **HOME/EMERGENCY PHONE NO.** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **FAMILY DOCTOR/HOSPITAL:** \_\_\_\_\_

**It is the responsibility of the parent to notify school authorities if the medical condition of the student changes during the school year. Please notify the school if there have been any changes in the student's medications, allergies, or health conditions since last reported to the school.**

**Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

Please list the name of any member of the immediate family that could be contacted in case the parent/guardian cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

If you have any special request to make concerning your child's participation in this field trip, you should convey your request in writing to the teacher in charge. If possible, such special requests will be honored.

# **FIELD TRIP PERMISSION FORM**

**This field trip form is valid for Single Use only.**

We, the undersigned Parent(s)/Guardian of \_\_\_\_\_ do hereby give our permission

(Student's Name)

and consent for our child to attend the following field trip:

**School/Grade:** 7th Grade Choir

**Date:** 11/21/2024

**Location:** Central High School

**Time:** 7:45-9:00

**Field trip Fee:** none

**Transportation:** bus

By signing below, and in consideration for being allowed to participate in this field trip we understand and agree to the following:

- It is understood that the student must abide by the directions given by the instructor at all times.
- The *Student Code of Rights and Responsibilities* and the *Co-Curricular Activities Code* will apply during field trips. Serious violations may result in having students sent home at the parents/guardian expense.
- The student and parent(s)/guardian(s) acknowledge and fully understand that there are inherent risks, including the acts or omissions of the student or other students, associated with any field trip activity and that all inherent risks cannot be described as part of this document and I/we assume liability and responsibility for any such risks associated with participation in the activity.
- The student and parent(s)/guardian(s) acknowledge that as a condition of the student's participation in this activity, I/we indemnify and hold harmless and waive any and all claims against the School District of La Crosse, its officers, employees, agents, and volunteers, including but not limit to, claims of negligence of any officer, employee, agent or volunteer or any loss or damage to personal property occurring during or by reason of the student participating in this activity.
- This field trip permission form must be signed by a parent /guardian and be on file with the instructor before the student will be taken on the field trip.

## **AUTHORIZATION TO CONSENT TO TREATMENT OF STUDENT**

(We/I), the undersigned Parent/Guardian of the above mentioned student minor do hereby authorize the staff member of the School District of La Crosse supervising the activity concerned, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon on the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment may deem advisable. Also, the authorized school district staff has the authority to call for emergency medical transportation or provide transportation himself/herself, for the benefit of the involved student, as the staff person deems necessary.

Every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment.

**STUDENT NAME:** \_\_\_\_\_ **HOME/EMERGENCY PHONE NO.** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **FAMILY DOCTOR/HOSPITAL:** \_\_\_\_\_

**It is the responsibility of the parent to notify school authorities if the medical condition of the student changes during the school year. Please notify the school if there have been any changes in the student's medications, allergies, or health conditions since last reported to the school.**

**Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

Please list the name of any member of the immediate family that could be contacted in case the parent/guardian cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

If you have any special request to make concerning your child's participation in this field trip, you should convey your request in writing to the teacher in charge. If possible, such special requests will be honored.

# **FIELD TRIP PERMISSION FORM**

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We, the undersigned Parent(s)/Guardian of \_\_\_\_\_ do hereby give our permission  
(Student's Name)  
and consent for our child to attend the following field trip:

**School/Grade:** 8th Grade Choir

**Date:** 11/21/2024

**Location:** Central High School

**Time:** 9:00-10:15

**Field trip Fee:** none

**Transportation:** bus

By signing below, and in consideration for being allowed to participate in this field trip we understand and agree to the following:

- It is understood that the student must abide by the directions given by the instructor at all times.
- The *Student Code of Rights and Responsibilities* and the *Co-Curricular Activities Code* will apply during field trips. Serious violations may result in having students sent home at the parents/guardian expense.
- The student and parent(s)/guardian(s) acknowledge and fully understand that there are inherent risks, including the acts or omissions of the student or other students, associated with any field trip activity and that all inherent risks cannot be described as part of this document and I/we assume liability and responsibility for any such risks associated with participation in the activity.
- The student and parent(s)/guardian(s) acknowledge that as a condition of the student's participation in this activity, I/we indemnify and hold harmless and waive any and all claims against the School District of La Crosse, its officers, employees, agents, and volunteers, including but not limit to, claims of negligence of any officer, employee, agent or volunteer or any loss or damage to personal property occurring during or by reason of the student participating in this activity.
- This field trip permission form must be signed by a parent /guardian and be on file with the instructor before the student will be taken on the field trip.

## **AUTHORIZATION TO CONSENT TO TREATMENT OF STUDENT**

(We/I), the undersigned Parent/Guardian of the above mentioned student minor do hereby authorize the staff member of the School District of La Crosse supervising the activity concerned, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon on the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment may deem advisable. Also, the authorized school district staff has the authority to call for emergency medical transportation or provide transportation himself/herself, for the benefit of the involved student, as the staff person deems necessary.

Every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment.

**STUDENT NAME:** \_\_\_\_\_ **HOME/EMERGENCY PHONE NO.** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **FAMILY DOCTOR/HOSPITAL:** \_\_\_\_\_

**It is the responsibility of the parent to notify school authorities if the medical condition of the student changes during the school year. Please notify the school if there have been any changes in the student's medications, allergies, or health conditions since last reported to the school.**

**Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

Please list the name of any member of the immediate family that could be contacted in case the parent/guardian cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

If you have any special request to make concerning your child's participation in this field trip, you should convey your request in writing to the teacher in charge. If possible, such special requests will be honored.