

Livingston School Districts 4 & 1
Field Trip Consent and Medical Treatment Release Form

Your child's class is participating in an educational trip. It is the policy of the Livingston School District(s) to require parental permission before allowing a student to travel with members of his/her class. If you would like your child to participate, please carefully read, sign, and return this document. As a parent or guardian, I understand that the school and the staff will do everything possible to prevent any accidents.

However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the District. In consideration of the District's agreement to allow my child to participate in the referenced field trip, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in this field trip that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee or agent of the Livingston School District(s).

Your son/daughter is requested to bring (or provide) the following items for this field trip.

Table with 5 empty rows for listing items to bring.

Field Trip Location _____

Field Trip Date _____

Departure Time and Location _____

Return Time and Location _____

In the event that unforeseen circumstances arise creating a need for you to contact your child or for information to be related to you about an emergency

Contact Person's Name _____ Telephone Number _____

Does your child have a medical condition of which the school should be aware?
Yes No. If yes, please state the nature of the medical condition on the back of this page.

I hereby authorize Livingston School Districts 4 & 1 and its faculty members supervising my child named below to obtain all necessary medical care in the event my child is injured while under the supervision of District personnel. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatments to my child. In the event it becomes necessary for the district staff in charge to obtain emergency care for my child, neither he/she nor the District assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

Parent Permission and Medical Release - To be signed and returned

I hereby give permission for my child _____ (name) to go with his/her class to _____ (location) for a field trip. If transportation is required it will be provided either by the District or you may authorize your child to ride with _____ (name). Please return this form by _____ (date).

Signed: _____ Date _____
(Parent or Guardian)

