

Parent Approval/Release Form

Form C

Student's Name: _____ **Grade:** _____

Trip Date: _____ **Destination:** _____

I, the undersigned parent/guardian of _____, do hereby authorize my child to participate in a field trip. I am aware the field trip requires travel inside and/or outside of the City of McAllen and I have been informed of the details regarding the field trip, including the destination(s), mode(s) of transportation, name(s) of adult chaperones, and time and place of departure and return. I understand that during this field trip, my child will be under the direction and general supervision of the _____ (school) and adult chaperones selected by school representatives, and that my child is subject to discipline for his/her conduct during the trip.

MEDICAL RELEASE

In the event my child needs medical attention during the field trip, I hereby give my permission to _____ (school) representatives for the trip to take my child to a physician, hospital, or other medical institution for treatment. I expressly authorize any and all medical treatment, which a physician determines necessary under the circumstances and understand that it may not be feasible to contact me prior to the provision of medical treatment to my child. I understand and agree that I, and/or my child's other parent(s)/legal guardian(s), am responsible for all medical expenses incurred in treating my child unless it is a UIL related injury and that the _____ (school) representatives for the field trip are not responsible for such expenses.

In addition, I authorize _____ (school) representatives for the field trip to administer/dispense the prescription and/or non-prescription medications indicated on this form to my child as appropriate. I understand that I must complete this form and provide to school representatives any medications I want administered/dispensed to my child during the field trip in order for such medications to be administered/dispensed.

Medical condition(s) (including allergies) that may affect student during field trip:

MEDICATIONS: List any medications that the student is to take while on the field trip, the instructions for administration of each medication, and the medical condition for which the medication is needed.

Medication	Instructions	Medical Condition

(TURN OVER & COMPLETE BACK OF FORM)

9/27/2010

Custodial Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Custodial Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Name of Emergency Contact (*in case I cannot be reached*): _____

Phone #(s): _____

Health Insurance Co. _____

Policy #: _____

Dated this ____ day of _____, 2012.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____