

**ELKO COUNTY SCHOOL DISTRICT
FIELD TRIP OR EXCURSION AUTHORIZATION
AND MEDICAL TREATMENT AUTHORIZATION**

Completion of this form is required for all field trips / excursions.

Name of student _____ Name of School _____

Class/ Program _____ Teacher _____

Date(s) of Field Trip/Excursion _____ Location of Field Trip/Excursion _____

1. **I hereby give permission** for my student to participate in this Field Trip or Excursion.
2. **Regarding special assistance/accommodations:** Is special assistance/accommodation necessary for your student to participate in this Field Trip or Excursion?
 No Yes Please explain _____
3. **Regarding current medical condition or injury:** Is your student being treated for a medical condition or injury?
 No Yes Please explain _____
4. **Regarding administration of medication:** All medications must be prescribed, **including** over-the-counter medications. Is your student required to take medication during the course of this Field Trip or Excursion?
 No Yes **Parent/Guardian must contact the school health office** to obtain a "Consent for Medication Assistance Form" (which must be signed by parent/guardian and the student's healthcare provider).
5. **If you have health insurance, please list:**

Health Insurance Company _____ Policy Number _____ Group Number _____

6. **Please list additional emergency contacts, should the parent/guardian be unavailable:**

Emergency Contact _____ Telephone _____

Emergency Contact _____ Telephone _____

7. **Waiver of Claims for Liability** I understand that the District does not require my student to participate in the Field Trip or Excursion and I make this request voluntarily because I desire my student to participate in the Field Trip or Excursion. I also understand that, if I do not consent to my student's participation, my student will be involved in alternative supervised activities, for which my student will receive full credit. In consideration for allowing my student to attend and participate in this Field Trip or Excursion, I waive all claims against the district, its board members, employees and volunteers for injury, accident, illness, or death occurring during or by reason of this Field Trip or Excursion, *except* those based on willful misconduct.
8. **Rules of behavior:** I have read and understand the description of the Field Trip or Excursion and authorize my child to participate in the activity. I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the Student Code of Conduct, and to abide by all decisions made by teachers, staff, and those in authority. I agree that my child's participation in this Field Trip or Excursion may at any time be terminated by teachers, staff, and those in authority in the light of my child's failure to follow these regulations, or for any reason which teachers, staff, and those in authority may deem to be in the best interest of teachers, staff, and those in authority, and that my child may be sent home at my own expense.
9. **In the event of illness or injury,** I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my student. It is understood that the resulting expenses will be the responsibility of the student's parent(s)/guardian(s).
10. **I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

Signature of Parent/Guardian _____ Date _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____