

**CONSENT TO PARTICIPATE IN FIELD TRIPS OR OTHER SCHOOL
SPONSORED ACTIVITIES**

PROVIDED by USD #482

I, _____, the parent and/or

legal guardian of _____ give my consent for my child to participate in ALL SCHOOL SPONSORED ACTIVITIES (field trips, athletic events, etc.) throughout the 2017-2018 school year.

I further give my legal consent and authorize any representative of USD #482 to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness or an emergency nature he/she incurred while participating in the field trip or any activity provided USD #482 by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

I acknowledge and agree that USD #482 is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work, home, and cell phone numbers to the school.

In order to be in compliance with the Family Education Rights and Privacy Act, we obtain written permission from you to share information concerning your child's health and immunization records.

I give my permission for my child's health and immunization records to be shared by the school.

Parent and/or Legal Guardian Signature

Date

Medical Information on Reverse Side