

**PARENTAL CONSENT FOR FIELD TRIP OR
EXTRACURRICULAR ACTIVITY AND
EMERGENCY MEDICAL AUTHORIZATION FORM**



Dear Parent / Guardian: **Kindly complete this voluntary excursion form and return it Nevada State High School via a help ticket (help.earlycollegenv.com).**

My son/daughter, _____, has my permission to participate in the following voluntary activity/field trip:

Field Trip/Extracurricular Activity: COLLEGE VISIT/SIX FLAGS DISCOVERY KINGDOM

Date of Field Trip: July 23-24, 2019

Departure Time: July 23, 2019 at 4:15 a.m.

Return Time (approximate): July 24, 2019, at 1:00 a.m.

Mode of Transportation: Passenger Van

In the event of illness or injury, I hereby authorize Nevada State High School to use their judgment in obtaining emergency medical services, including x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that the Nevada State High School does not have insurance which pays the medical or hospital costs that might be incurred on behalf of my child.

I agree to hold the Nevada State High School officers, agents and employees harmless from any and all liability or claims, which may arise out of, or in connection with, my child's participation in this activity/field trip. I assume all liability for the conduct of my child and agree to indemnify the District for any claims arising against it resulting from my child's conduct.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian, even if the student is 18 or over.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone #: _____ Emergency #: _____

Medical Insurance Carrier Policy and Phone Number: _____

My child has the following special medical needs: _____

My child has the following allergies: _____

My child will need to take the following medication: _____

(Note: All medication must be placed in its original container with the student's name on it. Medications will be kept with a chaperone. Arrangements are to be made prior to the trip.)

FAILURE TO RETURN THIS SIGNED FORM WILL MEAN THE STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN THIS ACTIVITY/FIELD TRIP. THIS FORM IS TO BE CARRIED ON THE TRIP BY THE SCHOOL REPRESENTATIVE.