

**CONSENT TO PARTICIPATE IN FIELD TRIP OR OTHER ACTIVITY
CONSENT FOR TREATMENT**

**NOTE: This form must be signed and returned to the school by _____(date)
if the student named below is to participate in the field trip or activity.**

I, _____, the parent and legal guardian of _____
give my consent for my child to participate in the field trip/other activity described here:

on _____ date. I further give my legal consent and authorize any representative
of _____ School to authorize emergency medical treatment, including any
necessary surgery or hospitalization, for my above-named child, for any injury or illness of an
emergency nature he/she incurred while participating in the field trip or other activity noted
above 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 110 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 and home phone numbers to the
school.

Parent or Legal Guardian

Date