



Logos Public Charter School Field Trip Permission

I request that _____ be permitted to go on the school field trip described as follows:

Place _____ Date _____ ES _____

I fully understand the following:

1. Participation in these activities is voluntary.
2. I may revoke this permission at any time by notifying the school district in writing.
3. I waived all claims against Logos Public Charter School and their employees for injury, accident, illness or death occurring during or by reason of the field trip or excursion.

Consent to Treatment

Student's Name: _____ Date of Birth: _____

In the event of illness or injury, I do hereby consent to whatever 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 or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

A special note to parents/guardians:

1. _____ Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.
2. If medications are needed, the student's parent must remain on the field trip at all times.
3. Transportation is not provided by Logos, parents or their designated adult must transport students to and from the field trip.

IF YOUR SON OR DAUGHTER HAS A SPECIAL MEDICAL PROBLEM, PLEASE ATTACH A DESCRIPTION OF THAT PROBLEM TO THIS SHEET.

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 THE SCHOOL CONTACTING THE PARENTS AND ARRANGING TRANSPORTATION HOME FOR THAT CHILD AT HIS/HER PARENTS' EXPENSE.

Signed: _____ Date: _____
Parent/Guardian/Student 18 years and over

Address: _____ Phone: _____

EMERGENCY Contact Name(s) _____ Number(s) _____

Medical Insurance Provider: _____

Insurance Identification Number: _____