

# CLEARVIEW HIGH SCHOOL

4700 Broadway  
Lorain, Ohio 44055

## FIELD TRIP PERMISSION SLIP

I hereby grant consent and permission to the Clearview Local Schools to permit my child \_\_\_\_\_ to go on a Field Trip to

\_\_\_\_\_  
(student's name)

on \_\_\_\_\_

\_\_\_\_\_  
(location)

\_\_\_\_\_  
(date)

Having authorized and consented to the participation of our child in this Field Trip, we do hereby realize and assume the risk in connection therewith.

### EMERGENCY INFORMATION

(please print)

NAME	HOME PHONE	WORK PHONE	CELL PHONE
Mother	( )	( )	( )
Father	( )	( )	( )
Other Responsible Person/Relationship	( )	( )	( )
Other Responsible Person/Relationship	( )	( )	( )

Doctor	Phone:
Dentist	Phone:
Medical Specialists	Phone:
Local Hospital	Phone:

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by licensed physician or dentist and the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery and are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and other physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I consent to treatment

\_\_\_\_\_ I refuse treatment

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date