

**VANCOUVER PUBLIC SCHOOLS  
FIELD TRIP AND MEDICAL TREATMENT CONSENT FORM**

THE UNDERSIGNED HEREBY GIVES PERMISSION AND AUTHORIZES \_\_\_\_\_  
Pupil's Name

TO GO ON A FIELD TRIP TO \_\_\_\_\_ ON \_\_\_\_\_  
Destination Date

This is to authorize emergency medical care and treatment for my son/daughter in my absence. Every reasonable effort will be made to contact me if such action is necessary.

\_\_\_\_\_  
FAMILY PHYSICIAN

\_\_\_\_\_  
HOSPITAL PREFERENCE

\_\_\_\_\_  
NAME OF INSURANCE CARRIER

\_\_\_\_\_  
GROUP/CHART NUMBER

If your student will need to bring prescribed medication, the Authorization for Medication Administration form (on reverse side of this form) must be completed and signed by the health care provider and parent/guardian. For over the counter medications, please check with your school nurse for procedure.

DOES YOUR CHILD TAKE ANY MEDICATION? \_\_\_\_\_ If yes please list: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY HEALTH CONCERNS THAT THE TEACHER/COACH NEEDS TO BE AWARE OF? \_\_\_\_\_

I UNDERSTAND THAT THE TRIP, WHETHER MADE IN A SCHOOL BUS, PUBLIC TRANSPORTATION, OR WALKING, WILL BE SUPERVISED BY SCHOOL AUTHORITIES, AND THAT EVERY EFFORT WILL BE MADE TO ENSURE STUDENT SAFETY.

I WILL ASSUME FINANCIAL RESPONSIBILITY FOR EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMERGENCY CONTACT NAME

\_\_\_\_\_  
PHONE/RELATIONSHIP

NOTE: THIS CONSENT FORM MUST BE SIGNED AND RETURNED TO SCHOOL PRIOR TO THE DESIGNATED DATE OF THIS TRIP.