



We exist for the academic excellence of all students.

Travel Permission & Medical Consent Form

Student Name: _____ **School:** Phelps Center

Grade: _____ **Event Sponsor/Teacher:** Phelps Center Faculty

Activity/Event: Field trips **Event Date/s:** August 19, 2019 - May 29, 2020

Method/s of Transportation: District bus, city bus, MSU Bear Line, walking

Additional Event Information: Parents/guardians will be notified by teacher whenever their child leaves school grounds.

*****This permission covers all field trips for educational purposes during the 2019-2020 school year.**

I certify that I have been fully informed concerning the nature and extent of the above-described activity, and understand that there may be an increased risk of physical injury. I hereby consent to allow my son/daughter to participate in the activity.

I authorize and consent in advance to any necessary medical treatment which may be required by my child (named above) while he/she is participating in the activity and agree to be responsible for the cost of such medical treatment. I hereby release the School District of Springfield, R-12 and its employees ("District") from any and all claims, causes of action or damages resulting from: (a) any decisions made by the District to obtain medical treatment for my child in conjunction with the activity; or, (2) the treatment/medical procedures provided by the medical provider.

Best parent/guardian contact phone number(s): _____

Family Physician's Name: _____ **Phone:** _____

****List all serious allergies and/or medical conditions you feel we should be aware of:**

Medication needed: Yes No **Please list:** _____

Parent/Guardian Name (printed) _____ **Relationship** _____

Signature of Parent or Guardian _____ **Date** _____