

**NORTH OLMSTED HIGH SCHOOL
SCHOOL TRIP PERMISSION FORM**

(SECTION A AND B MUST BOTH BE COMPLETED)

STUDENT _____ TELEPHONE _____ GRADE _____

ADDRESS _____ DATE _____

SECTION A – PARENT OR GUARDIAN APPROVAL FOR SCHOOL TRIP

I give my daughter/son permission to attend a scheduled and approved school trip on (day) All Band Functions

(Date) _____ and going to _____

Class _____

Teacher _____

(Signature of Parent or Guardian)

SECTION B – EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

PART I OR PART II MUST BE COMPLETED

PART I – TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (phone number) or other parent _____
at _____ (phone number) have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by:

(Preferred Physician) Dr. _____ Phone: _____

(Preferred Dentist) Dr. _____ Phone: _____

or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and,

2. The transfer of my child to _____ (preferred hospital) or any
hospital that is reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained before the surgery is performed. Facts concerning the child's medical history including allergies, medications being taken, and physical impairments to which a physician should be alerted:

Parent Signature _____ Date _____

PART II – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment I want the school authorities to TAKE NO ACTION or follow this procedure:

Parent Signature _____ Date _____