

PLEASE PRINT

**BALDWIN-WHITEHALL SCHOOL DISTRICT**

**FIELD TRIP PERMISSION FORM**

Group (Class or Activity) Baldwin Highlander Marching Band

Teacher(s)/Sponsor(s) Zachary George

Destination of Field Trip Various Date(s) of Field Trip Various through 2024-2025 school year

Departure Time N/A Return Time N/A Method of Transportation District Transportation

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Family's Home Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Father's Work Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Mother's Work Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Person to call if neither parent can be reached \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In case of a medical emergency, I authorize school personnel to make arrangements for and consent to emergency medical services for my child including but not limited to consultation with healthcare providers and admission to any hospital or other healthcare facility. I also authorize and consent to the administration of all medical/surgical procedures considered necessary or appropriate by any physician or other healthcare provider attending my child. This authorization shall remain effective until such time as I am able to effectively communicate healthcare decisions about my child directly with the attending healthcare providers.

Doctor's Name \_\_\_\_\_ Doctor's Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Describe student's allergies, special factors, current medications: \_\_\_\_\_

Does student have health insurance coverage? Yes  No

Health Insurance Provider's Name \_\_\_\_\_

Policy/Certificate # \_\_\_\_\_ Group # \_\_\_\_\_

Name Insured/Policyholder: \_\_\_\_\_

**RELEASE AND HOLD HARMLESS AGREEMENT**

We agree that the Baldwin-Whitehall School District and its officers, directors, employees and representatives shall not be liable for, and we release, exonerate and hold them harmless from all claims, actions and liabilities of every kind because of personal injuries sustained by our child, and property damage, expense or other loss sustained by us, in connection with our child's participation in this school sponsored activity. We make this agreement intending to be legally bound.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_