

EMERGENCY MEDICAL TREATMENT CONSENT

Child's Name: _____

Medical Concerns (list all allergies, dietary restrictions, medications taken, other concerns)

It is the district's procedure to contact the child's parent/guardian to obtain necessary medical treatment in case of an emergency. In order for authorized school personnel to obtain necessary medical treatment when parents/guardians cannot be reached, we request that you grant us permission by signing this form. Please be aware that the paramedics usually transport patients to the nearest hospital for emergency medical treatment. You may be assured every effort will be made to contact you prior to securing emergency medical treatment.

I hereby authorize the emergency treatment, administration of anesthesia, and surgical treatment(s) for my minor child, _____, in the event of an emergency medical situation occurring during my absence or when hospital/medical and school authorities are unable to contact me. I release from responsibility and liability hospital/medical and school authorities for performing medical procedures deemed necessary during my absence.

Signature of Parent/Guardian

Date

**AFFTON SCHOOL DISTRICT
BEFORE/AFTER SCHOOL PERMISSION SLIP
FOR SPECIAL DAY FIELD TRIPS**

I give my child _____ permission to ride the bus and attend all field trips booked for Special Days at Gotsch.

I understand that this permission allows for any changes to scheduling that might occur during a trip due to traffic conditions or other variables.

This permission also allows my child to join in activities offered at the various field trip sites, including, but not limited to, special meals/snacks, or physically demanding activities such as hiking, long walks, bowling, swimming, etc.

I agree that any changes in field trip destination due to heat/rain/cold or other circumstances will be announced in writing, by phone, or in person prior to the trip. In case of field trip cancellation, no parent/guardian approval is necessary.

If my child does not wish to attend a particular trip, I will let the facilitators know in writing.

I will notify the nurse of any special medical needs that might apply to a certain trip a week prior to the trip.

Parent/Guardian Signature: _____

Date: _____