

## Emergency and Field Trip Form

Child's Name: \_\_\_\_\_  
(first) (middle) (last)

Child's date of birth: \_\_\_\_\_  
(month) (day) (year)

Name(s) of parent(s)/Guardian(s): \_\_\_\_\_

Daytime phone(s): \_\_\_\_\_

Person's to call in case of an emergency and you cannot be reached:

\_\_\_\_\_  
(name) (phone) (relationship)

\_\_\_\_\_  
(name) (phone) (relationship)

\_\_\_\_\_  
(name) (phone) (relationship)

Are there any physical disorders that would prevent this child from participating in outdoor play activities or field trips? \_\_\_\_\_ If Yes, please explain on the back of the form.

Insurance company \_\_\_\_\_ Policy# \_\_\_\_\_

Group# \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

\_\_\_\_\_ has my permission to engage in our outdoor activities and  
(name of child)

Field trips, except noted by me. In the event I cannot be reached in an emergency, I give permission to the physician selected by a staff member, to order injection, surgery, or any other medical treatment that may be deemed necessary to ensure the well-being of the above named. I understand that while participating in field trips, my child will be transported in a car driven by a qualified driver with appropriate insurance coverage and that all state seat belt laws will be obeyed.

\_\_\_\_\_  
Signature or parent/Guardian

\_\_\_\_\_  
Date