

BETHEL LOCAL SCHOOLS
PARENT/GUARDIAN APPROVAL FOR SCHOOL TRIP
(This form is to be carried on the trip by the teacher in charge)

The _____ class at Bethel Local School has arranged for an approved trip to _____ on _____

Time leaving _____ Time returning _____

Student's Signature _____

Parent's Signature _____

We expect the instructor of the class to take all reasonable precautions. We further understand that the instructor, school officials, and the Board of Education are not to be held responsible in case of accident.

In the event reasonable attempts to contact parent at _____ (H), or _____ (C) or _____ (W), or other parent at _____ (H), _____ (C), or _____ (W), have been unsuccessful, I hereby give consent for the administration of any treatment necessary by preferred Doctor (Name and phone #) _____ or preferred Dentist (Name and phone #) _____. In the event the designated above are not available, I hereby consent to treatment by any other licensed physician or dentist, or the transfer of the student indicated on this form to preferred hospital _____ or any other hospital reasonably accessible. This authorization does NOT cover major surgery unless the medical opinions of two licensed physicians or dentists concur the surgery is necessary.

List any medical facts about the student, including allergies, medications presently being taken, and any physical impairment about which a physician should know.

All items on this form MUST be completed before the student is released from school.

Signature of parent _____

Address of parent _____