

I give permission for my child _____
to accompany his/her class at _____
on a field trip to _____
on _____ departing at _____ and returning at _____
for the purpose of: _____

I understand that transportation is being provided by: _____

I hereby grant Questar III and its employees full authorization to take whatever action they deem necessary regarding my child's health and safety in the event that I, or any additional emergency contact listed below, cannot be reached, or in a situation where time is of the essence; and I fully release Questar III and its employees from any liability in connection with those decisions. I consent to emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility if necessary. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible.

Signature of Parent or Guardian _____

Print Name _____ Date _____

EMERGENCY INFORMATION

In the event of an emergency **during this trip**, please indicate the individual(s) authorized to be contacted:

Name: _____ Phone: _____ parent / guardian / other
Circle one
Name: _____ Phone: _____ parent / guardian / other
Circle one

Please list all medical conditions/medications (prescribed or over the counter), dietary needs, or allergies of the student.

Medical Conditions	Medication(s)	Dietary Needs	Allergies
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Administrative Approvals:

Questar III Administrator _____
Signature _____ Date _____

Home District Administrator: _____
(if required) Signature _____ Date _____