



## Education is Freedom Field Trip Consent and Medical Authorization Form

Date of Scheduled Trip \_\_\_\_\_ Destination \_\_\_\_\_

Student's Full Name (Please print clearly) \_\_\_\_\_ Birth date \_\_\_\_\_

Parent/Guardian Name (Please print clearly) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_

### Consent and Medical Release

- I (parent/guardian/student) understand that (my child/I) will be participating in a field trip supervised and chaperoned by Education is Freedom (EIF).
- In the event of a medical emergency, (my child/I) will be taken to an appropriate facility for treatment. If my child is a minor (under 18 years of age), I as a parent or legal guardian must sign this consent form so that the medical facility may promptly carry out appropriate diagnosis and treatment and provide emergency health service procedures with no unnecessary delay. Without a signed permission for treatment, the medical facility will not treat my child unless an emergency exists or his/her presenting condition is exempted from requiring parental consent and/or notification by State of Texas law. Even with a signed permission for treatment, the medical facility will make every effort to contact and fully inform me as a parent or legal guardian before performing any major diagnostic/treatment procedure except in an emergency.

List any current medical conditions/medications of which EIF personnel should be aware:

\_\_\_\_\_  
\_\_\_\_\_

List any allergies:

\_\_\_\_\_

Medical Insurance \_\_\_\_\_ Company Phone # \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

- The regulations listed above are not all-inclusive. All local, state, and federal laws must be complied with during (your child's/your) participation in the field trip.

**We/I have read and fully understand all provisions of this Field Trip Consent and Medical Release Form.**

Signature of parent/guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_