

**BOGALUSA CITY SCHOOLS FIELD TRIP FORM**  
**Parental/Guardian Consent Form and Liability Waiver**

**A brief description of the activity follows (Completed by School):**

Name of school: \_\_\_\_\_

Type of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Individual(s) in charge: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time of departure: \_\_\_\_\_ Return: \_\_\_\_\_

Mode to transportation to and from event: \_\_\_\_\_

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Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child, (Child's Name) \_\_\_\_\_, to participate in this school-sponsored event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers.

**EMERGENCY MEDICAL TREATMENT**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. However, in the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**SPECIFIC MEDICAL INFORMATION**

My child requires the following medical attention:

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on the behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the school, its officers, directors and agents, Bogalusa City Schools, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event on in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and Bogalusa City Schools, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_