



RETURN NO
LATER THAN

**FIELD TRIP PERMISSION AND AUTHORIZATION
FOR EMERGENCY CARE TO MINOR(S)
THOREAU DEMONSTRATION ACADEMY**

_____ has my permission to go with (his/her) classes on field trips throughout the 2003 - 2004 school year. Parents will be notified in advance of changes and/or additional field trips. Staff members will accompany the children. He/She will leave the Thoreau building by walking during various class times throughout the year. Each trip will take approximately 1 to 2 hours and all day for 8th Grade Day activities..

The following field trips are scheduled for the 2003 - 2004 School Year: LEAKE PARK

In the event of a medical emergency (in the judgment of school personnel) to the minor student during the trip, I/We hereby authorize ambulance transport, X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any ambulance service, physician, dentist, or hospital services or any other emergency medical services to said minor whether such diagnosis or treatment is rendered at the office of the physician, dentist or hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise the best medical judgment in diagnosis, medical, dental or surgical treatment. I/We understand that I/We will assume full financial responsibility for care rendered.

Signature _____ Date _____
(Parent/Legal Guardian or Person Responsible
for Student's Care)

Signature _____ Date _____
(Parent/Legal Guardian or Person Responsible
for Student's Care)

Approved: LaVerne Ford Wimberly
James Furch
Carol Caldwell
Bobbie Booker
Robin Gooldy
Brad Schoeppey