

CENTRAL USD 462

**CONSENT TO PARTICIPATE IN FIELD TRIP OR OTHER
ACTIVITY AND CONSENT FOR TREATMENT**

As parent/legal guardian I give my consent for _____
(Student)

to participate in field trips and other activities for the 2020-2021 school year. I further give my legal consent and authorize any representative of Central USD 462 to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature that may occur while participating in the field trip or other activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

I acknowledge and agree that Central USD 462 is not responsible for any medical, hospital expenses, and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy/fax of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment; to facilitate contacting me, *I agree to continue to provide current home and work phone numbers to the school.*

_____/_____
Parent/Legal Guardian Date

_____/_____
Parent/Legal Guardian Date