

This form must be on file in the office before the student may participate in a field trip.

Student (please print): _____
(LAST) (FIRST)

I agree to the terms laid out in this form.

I do NOT agree to the terms of this form, and do not give permission for my student to participate in any school related trip.

Address: _____ Phone: _____

Family Doctor/Clinic _____ Phone: _____

**TOMAH AREA SCHOOL DISTRICT
2023-2024
Student Field Trip/Organizational Permission Form – Multiple Use**

Authorization for consent for Medical Treatment of Student

We, the undersigned parent(s)/guardian(s) of the above –mentioned student, hereby give my/our permission for him or her to go on any class field trip set up through the school for the entire school year of **2023-2024 and Summer PACK 2024.**

If you have any special request(s) to make concerning your child’s participation in field/organization trips, you should convey your request in writing to the teacher/advisor in charge. If possible, your special requests will be honored. It is understood that the student must abide by the directions given by the supervising teacher. If for behavioral/disciplinary reasons, your child must return from the trip early and separate from the group, you will be responsible for any additional incurred expenses.

We, the undersigned parent(s) of the above-mentioned minor student, do hereby authorize the staff member of the Tomah Area School District, supervising the activity concerned, as agent for the undersigned, to consent to an x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of, any physician and surgeon on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of our aforesaid agent to give physical care in the exercise of his/her best judgment that may be deemed advisable.

Every effort will be made to contact the parents or guardians to explain the nature of the problem prior to any involved treatment. This authorization shall remain effective until the end of the school year.

DRIVING/WALKING AGREEMENT

I hereby agree to:

- Hold harmless the Tomah Area School District, the District’s employees and the District’s School Board from injury or damages sustained as a result of my child’s driving/walking downtown for school business. I further understand the District’s insurance affords no coverage for injuries or damages sustained.
- Follow the regulations defined by the instructor in that class.
- Accept disciplinary action if this agreement is violated.
- Not allow other students to ride with my student.
- Authorization to drive/walk to work experience/other school activities/business.

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Does your child have any health condition(s) or require special accommodations of which the teacher/advisor should be aware?

Yes - If yes, please explain. _____

No

Emergency Contact Name: _____ Phone: _____

Emergency Contact Relationship to student: _____

Parent/Guardian Signature

Date