



# James Madison Middle School



*Committed to Academics and Character*

Sean Watts/Asst. Principal

Matt Melton/Principal

Tara Cardwell/Counselor

## **FIELD TRIP CONSENT FORM**

I, \_\_\_\_\_, parent of \_\_\_\_\_, do hereby consent that such child may accompany the \_\_\_\_ grade teachers at JMMS as they travel \_\_\_\_\_ on \_\_\_\_\_. In consideration of the teacher giving his/her time in the arranging and supervising of such trip, do hereby personally, and on behalf of such child, absolve and release the teacher and the Board of Education from claim for personal injuries which might be sustained by such child while on such trip, or while returning to his/ her home.

## **CONSENT FOR EMERGENCY CARE**

I/we the parent(s) of \_\_\_\_\_ do hereby give permission for our son/daughter to be taken to a hospital or doctor by a representative of the school to secure the necessary medical or dental attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and further authorize the release of pertinent medical information to the physician, principal or teacher/sponsor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ 1<sup>st</sup> Period Teacher: \_\_\_\_\_

Emergency Contact Person & Number: \_\_\_\_\_

Special Needs/Medications: \_\_\_\_\_

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