STUDENT FIELD TRIP/EXTENDED TRAVEL
AUTHORIZATION TO CONSENT TO TREATMENT OF STUDENT
2023-2024 School Year

STUDENT NAME_____ **GRADE**_____
Home or Emergency Phone #_____
Address_____
Family Doctor_____ **Hospital**_____

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

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Also the authorized school district staff has the authority to call for emergency medical transportation or provide transportation himself/herself, for the benefit of the involved student, as the staff person deems necessary.

Every effort will be made to contact 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.

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Signature of Parent/Guardian **Date Signed**

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WALKING FIELD TRIP PERMISSION/CONSENT TO TREAT

I hereby give permission for my child to go on field trips within walking distance from my child's school for the entire school year. I understand that if I have any special concerns regarding my child participating in field trips I should convey such requests in writing to the supervising teacher. If possible, such special requests will be honored. It is understood that my child will abide by the instructions given by the supervising teacher.

_____ _____
Signature of Parent/Guardian **Date Signed**