



Tecumseh Public Schools
Tecumseh, MI 49286
Field Trip Release Form

I, _____, hereby allow my child, _____ to participate in all
(name of parent/guardian) (student's name)
school sponsored field trips, and in particular on _____ to participate in and attend
(date of trip)
the following activity: _____

I acknowledge that any program endorsed by the school is part of the educational process and provides a learning experience of educational value to my child.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Phone: (1) _____ (2) _____

CONSENT FOR TREATMENT

Student's Name: _____ Birth Date: _____

Allergies: _____

Medication now taking: _____

Date of last Tetanus shot: _____

In the event of an accident involving injury or suspected injury, or in the case of illness involving my child, I authorize **TECUMSEH PUBLIC SCHOOLS'** personnel to transport my child to a hospital and/or authorize treatment for my child.

I further authorize any doctor treating my child to call for consultation and treatment by another physician when special treatment such as surgery, orthopedics, etc., may be warranted in the judgment of the treating physician.

I attached my signature to this statement attesting to the fact that these are my wishes.

Signature of Parent: _____ Date: _____

Family Doctor

Name of Doctor: _____

Address/Phone of Doctor: _____

Insurance:

Name of Insurance Company: _____ Policy #: _____

Name of Policy Holder: _____