

**2008-2009 Parental Consent and Release Form
Four County Area Vocational Cooperative
FIELD TRIPS**

Student's Name _____ Age _____ DOB ____/____/____
Vocational Program _____
Address _____ City _____ Zip _____

EMERGENCY CONTACT NUMBERS:

Home Phone _____ Work Phone _____
Cell Phone _____ Pager _____

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for my child _____ to attend and participate in field trips sponsored by the Four County Area Vocational Cooperative during the 2008-2009 school year.

In case of accident or injury, I authorize an adult, in whose care the minor has been entrusted, to consent to the X-Ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist.

I request that the supervising adult make efforts to call me at the emergency phone numbers listed above, however; this request is not to prevent emergency treatment when necessary.

Futhermore, I, individually and on behalf of my child assume all risks associated with participation in school sponsored field trips and the activities associated therewith and adree to indemnify, defend, and hold harmless and fully and forever release and discharge the Four County Area Vocational Cooperative, its employees, agents, teachers, volunteers and administrators from any and all claims of any and every nature whatsoever arising out of any personal injury or property damage sustained directly or indirectly from such field trips and/or activities.

Student Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

List any medication taken by the student or allergies or special conditions that medical personnel should know about. _____
