

Field Trip Permission Form and Consent for Emergency Medical Treatment  
Heart of Appalachia Talent Search Program  
One John Marshall Drive, Huntington, WV 25755  
304-696-2941

(Please fill out a separate form for each child)

**Name of child:** \_\_\_\_\_ School: \_\_\_\_\_ Sex: (circle) **M / F** Date of birth: \_\_\_\_\_

Date or dates of trip: \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

Destination: \_\_\_\_\_

**Parent(s) or Legal Guardian(s):**

Name(s): \_\_\_\_\_ and \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell or other phone: \_\_\_\_\_

**Alternate contact person(s) for emergencies:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell or other phone: \_\_\_\_\_

**Medical Information:**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

The following allergies, medications and other medical issues should be made known to teachers or providers of medical treatment:

\_\_\_\_\_  
\_\_\_\_\_

**Permission/Authorization:**

I (the undersigned) am the parent or legal guardian of the above named child. He/she has my permission to participate in the outing(s) or field trip(s) specified above.

I authorize any of the adult teachers or advisors assisting in the field trip/outing to take any reasonable action to protect the safety, health and welfare of my child. In case of a medical emergency, I authorize any adult teacher or advisor to administer first aid treatment to my child and, if necessary in his or her judgment, obtain medical treatment (including surgery) for my child by any medical care provider. I also authorize the adult teacher or advisor obtaining such medical treatment for my child to give, on my behalf, any written consent for such medical treatment that is customarily required by the medical provider, including written consent that releases the medical provider from liability.

I understand that my child is expected to behave in a respectful manner to other members of the group, as well as any persons he/she encounters during the trip. He/she will be expected to obey the adult teacher/advisor's requests with respect to safety and group needs. Failure to do so could disqualify my child from future participation.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_