



FAIRWOLD
ACADEMY at PHMC

Formerly Wordsworth Academy

I hereby give my permission for _____ who
(Name of student)
to participate in a field trip to _____ on _____.
(Destination) (Date)

Class/Club/Team: _____

Staff Contact: _____ **Phone#:** _____

Medical/Emergency Information

Student home phone#: _____ Date of Birth: _____

Student's Address: _____

Family Physician: _____ Phone #: _____

Does the student have any medical or physical condition, medication information, or allergies which would interfere with the student's safety? Yes No

If yes, please describe:

In the event of an emergency (injury, illness, unforeseen incident), I wish the following people to be notified in case I cannot be contacted:

1st Name: _____ Relationship: _____

Phone: _____ Alternate Phone #: _____

2nd Name: _____ Relationship: _____

Phone: _____ Alternate Phone #: _____

Informed Consent

As the parent/guardian of the above named student, I have read the field trip itinerary and I understand that there are risks of physical injury associated with participation in these activities.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

These activities are an extension of the school education program and student conduct is to be in accordance with the school's published rules and regulations.

_____	_____	
Signature of Parent/Guardian	Date	

Printed Name of Parent/Guardian		
_____	_____	_____
Parent/Guardian Work Phone	Home Phone	Cell Phone

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my school. I understand that the school rules of conduct apply while on the trip.

_____	_____
Signature of Student	Date