

# SUTTER UNION HIGH SCHOOL FIELD TRIP CONSENT FORM



Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize my son/daughter to go with and be supervised by a representative of the school on the trip named below.

In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment. The name of my insurance carrier is \_\_\_\_\_  
the policy number is \_\_\_\_\_ *(or attach a copy of your insurance card to this form).*

Physical conditions that should be watched: \_\_\_\_\_  
\_\_\_\_\_

Medications my son/daughter may be using: \_\_\_\_\_

Trip to: \_\_\_\_\_

Organization: \_\_\_\_\_ Advisor: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

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

Cell: \_\_\_\_\_