



**PARENT/GUARDIAN FIELD TRIP
PERMISSION/EMERGENCY INFORMATION/INFORMED CONSENT FORM**

Field trip information

I hereby give my permission for _____ who attends Arizona Charter

Academy, to participate in a field trip to

Time: _____

Cost: _____

Class/Club/Team: _____ Staff contact: _____ Phone #: _____

Transportation for this activity will be provided by: School vehicle Other (specify)

Medical/emergency information

Student's 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 could 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 person to be notified in case I cannot be contacted:

Name: _____ Relationship: _____

Phone #: _____ Alternate phone #: _____

Informed consent

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.

Cancellation and Refunds

By signing below, I understand that, Arizona Charter Academy may postpone or cancel school trips when necessary to ensure the safety of students, teachers, and volunteers, chaperones and for other appropriate reasons. When the school cancels a trip, the school shall refund trip

clearly outline for parents any conditions or deadlines that may apply in cases where trip fees cannot be reimbursed. A refund is not available to a student who pays for a school trip, but for any reason cannot attend.

Signature of parent/guardian

Date

Printed name of parent/guardian

Parent/guardian work phone

Home phone #

Cell phone #

Parents: Keep this section as a reminder.

Field trip for _____ on _____
to _____.