WOLSEY-WESSINGTON MIDDLE SCHOOL LAKE BYRON FIELD TRIP

MEDICAL AUTHORIZATION FORM AND PARENTAL PERMISSION FORM

Event Name: ***5th-8th Grade End of Year Field Trip***

Place: ***Lake Byron-North of Huron*** Date: ***Wednesday, May 24th*** ***Time:*** **9-3:30**

Students will be participating in numerous outdoor events including kayaking, zip lining, wall climbing, paddle boards, archery, and other activities. Students will need a sack lunch/water bottle and can bring a sunscreen and a towel for the water events.

Participant Name: _____ Birth date: _____

I give permission for my child to attend the Wolsey-Wessington Middle School Field Trip to Lake Byron.

Medical Release to Grant Consent

I hereby request and authorize the Wolsey-Wessington School District 2-6 , hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Signature of Parent or Legal Guardian **Printed name of Parent or Guardian** **Date**

Release of Activity Liability Statement

I herby release the Wolsey-Wessington School District 2-6 from the responsibility of any liability involving injury or accident to my child participating in the activity listed above on the given date listed. I as the parent or guardian of the participant listed above, herby release Wolsey-Wessington School District 2-6 from the accident or injury causing circumstances and will accept full responsibility for my child's actions.

Signature of Parent or Legal Guardian **Printed name of Parent or Guardian** **Date**

EMERGENCY CONTACT INFORMATION

Parent/Guardian

Name(s)

City State Zip

Phone Numbers	Phone Type (Home, Mobile, etc.)

Facts concerning the child's medical history including: allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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