

**SVHS COLLEGE & CAREER CENTER
OFFICIAL PERMISSION FOR SCHOOL FIELD STUDIES**

Student: _____ Birthday: _____ ID#: _____ Grade: _____

Date of Field Study:		Location:
Leaving:	Returning:	Fee:

Field Study Description:

Students must have a grade of 77 or higher to participate in Counseling Office/CIC Field Studies. A Teacher signature is required. All school rules and regulations apply during the field study activities INCLUDING DRESS CODE. The student is responsible for all assignments missed while on the field trip. Students must be in good standing with attendance and have no major disciplinary issues.

BLOCK	TEACHER SIGNATURE
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I authorize an adult to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the child under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis is rendered at the office of said physician or at said hospital. As parent/legal guardian, I shall be liable and agree to pay all costs and expenses incurred in connection with such medical/dental services which should be rendered to my student pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation costs. I also give my permission for my child to ride in any vehicle provided for this trip. I understand and agree that my child shall behave in a manner consistent with school policy and will be subject to that policy while participating in this activity.

Emergency contact information:

Name: _____ Phone: _____

Please provide the following:

Insurance Company: _____ ID/Group #: _____

Family Doctor's Name: _____ Phone #: _____

Known Allergies or Medical Conditions: _____

The chaperone will keep and disburse all prescribed medications, with the exception of inhalers, which students keep with them. Students are responsible for taking medication as prescribed.

Student's signature: _____ **Date:** _____
Parent's Signature: _____ **Date:** _____