

**Hutchinson Public Schools**  
**USD 308**  
***Consent to Participate in Field Trip or***  
***Other Activity and Consent for Treatment***

I, \_\_\_\_\_, the [parent] [legal guardian] of  
(Name of Parent/Legal Guardian)

\_\_\_\_\_ give my consent for my child to participate in the  
(Name of Student)

**[field trip] [other activity]** described hereon:

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(Description of Activity)

I further give my legal consent and authorize a representative of USD 308 to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801 and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any other emergency services incurred on behalf of my child. I acknowledge and agree that USD 308 is not responsible for any medical, hospital expenses and/or charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to provide current work/home and cell phone numbers to the school *where I may be reached the day of the field trip or activity.*

Work/Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

This form must be signed and returned to the school by \_\_\_\_\_ if the student named above is to participate in the field trip or activity.

\_\_\_\_\_  
(Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Legal Guardian)

\_\_\_\_\_  
(Date)