

**UNIFIED SCHOOL DISTRICT #459  
FIELD TRIP / ACTIVITY TRIP  
CONSENT TO PARTICIPATE  
CONSENT FOR TREATMENT**

**NOTE:** This form must be signed and returned to the school by \_\_\_\_\_ (date) if the student named below is to participate in the field trip or activity.

I, \_\_\_\_\_, the parent and legal guardian of \_\_\_\_\_, give my consent for my child to participate in the field trip / activity described here:

\_\_\_\_\_ on \_\_\_\_\_(date). I further give my legal consent and authorize any representative of Bucklin Schools 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 emergency services incurred on behalf of my child.

I acknowledge and agree that Bucklin School is not responsible for any medical, hospital expenses and/or other 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 that treatment. To facilitate contacting me, I agree to continue to provide current work and home phone numbers to the school.

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Parent or Guardian Signature

Date