

**VOLUNTARY EXCURSION/FIELD TRIP WAIVER  
AND MEDICAL AUTHORIZATION -- MINOR**

I hereby authorize my child \_\_\_\_\_ to participate in the off-campus field trip (s) described below.

2019 DATE (s) & Place (s) Away football games, Marching Band comps (8/30, 9/6, 9/13, 10/4, 10/19, 11/2, 11/16, possible FB finals)

DEPARTURE TIME: varies

ESTIMATED RETURN varies

TEACHER Robert Westphal

GRADE: (circle one) 9th 10th 11th 12th

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed b or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being send home at his/her and/or parents' expense.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Family Medical Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Family Medical Insurance Address

\_\_\_\_\_  
Insurance Phone Number

**A SPECIAL NOTE TO PARENTS/GUARDIANS:**

- (1) All drugs must be registered on this form.;
- (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
- (3) (\_\_\_\_) Check here if there are no special problems that the staff should be aware of, and not drugs are required on the trip (s).
- (4) If any medication or drugs are to be taken by student, list them here:  
Name of drug and reason: \_\_\_\_\_

If your son or daughter has a special medical problem, kindly describe below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_