

**CRAWFORDVILLE ELEMENTARY SCHOOL**  
**Field Trip/Emergency Treatment Authorization Form – 2007-2008 School Year**

I hereby grant permission for my child, \_\_\_\_\_, to participate in school related field trips. I am aware of Wakulla County School Board Policy 2:32(3) which states: ***“All participating students traveling to and from school-sponsored events or any extra-curricular activities must use the transportation provided by the school going both ways. Exception to this rule may be made only if a student is to ride with his/her own parents and this exception is arranged prior to the trip, in writing, with that student’s principal or her designee.”***

In conjunction with the above permission, I also approve emergency treatment by the hospital, physician, and/or qualified medical technician for my child while participating in school related field trips or any extra-curricular activities in or out of Wakulla County, Florida.

Name of Insurance Company:
Address of Company:
Name of Person Insurance is Carried Under:
Policy/Member ID Number:
Name of Employer:
Address of Employer:

**MEDICAL TREATMENT INFORMATION**

This medical treatment permission form must be completed and returned to Crawfordville Elementary School. Please make sure that you list all of the information concerning your insurance company and notify us if this information should change. Adequate insurance is required. Make sure that you are very explicit with your information about medications or previous and/or prevailing illnesses when completing the *Emergency and Medical Information Form* filled out for all students enrolled at Crawfordville Elementary. Hospitals will not provide treatment for any person who does not have permission from parents, legal next of kin, or legal guardian. The Medical Treatment Permission forms are carried to all extra-curricular functions and are readily available in the event of an emergency.

If there are any questions, feel free to call the school.

\_\_\_\_\_  
Signature of parent/legal guardian \_\_\_\_\_  
Date

Home Phone: _____
Work Phone: _____
Cell Phone: _____