

Park Hill High School

**7701 NW Barry Road
Kansas City, MO 64153
816.359.4110 - 816.359.4119 Fax**

PARENTS' AUTHORIZATION AND RELEASE

I, the undersigned parent/guardian of _____, do hereby authorize my child to participate in the school sponsored field trip, including transportation to or from the event. I have been informed of the specifics including destination, day and date of trip, mode of transportation, time of departure and return, and fees (if applicable).

I understand that this is a school sponsored trip and that my child is subject to discipline for his/her conduct occurring during the field trip. I also understand that, in the event my child's conduct is inappropriate during the course of the field trip, the staff has the authority to remove him/her from the activity. In the event that my child is removed from the activity due to his/her conduct, I understand and agree that he/she may be returned to the School District at my expense.

MEDICAL RELEASE

In the event my child, _____, needs medical attention during the trip to _____, I hereby give my permission to the Park Hill School District (the District) representatives and/or chaperones to take my child to a doctor, hospital or any other medical institution for treatment. I hereby authorize any and all medical treatment which a physician determines necessary under the circumstances and understand that it may not be feasible to contact me prior to the provision of medical treatment. I understand and agree that all medical expenses incurred are the responsibility of the parent(s) or legal guardian(s) and not the responsibility of the District.

Dated this _____ day of _____, 20____.

Parent/Guardian Signature _____

PLEASE SIGN AND RETURN THIS FORM TO YOUR CHILD'S TEACHER. THANK YOU.