

**IRONWOOD HIGH SCHOOL**  
**Activity/Field Trip Information and Consent Form**

This form must be completely filled out and signed before the student will be allowed to participate in the activity

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participating Organization/Class: \_\_\_\_\_

Teacher(s) Sponsoring Activity: \_\_\_\_\_

Ratio of Chaperones to Students: \_\_\_\_\_

Objective of the Field Trip: \_\_\_\_\_

Destination Site: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Method of Transportation: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

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

\_\_\_\_\_  
Home Phone  
Work Phone

Consent for Emergency Care

(Student Name) \_\_\_\_\_ Be it know that the undersigned parent or guardian of the above named, hereby give and grant any medical doctor or hospital my consent and authorization to render such aid, treatment, etc. to my child. This may be required on an emergency basis in the event said student should be injured, or stricken ill while participating in school sponsored activities/events. I hereby understand that any expenses used will be paid by personal insurance and/or the parent/guardian of the student. Payment of the expenses is not a school responsibility.

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

\_\_\_\_\_  
Date

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Does the student have a chronic illness or medication at school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please specify: \_\_\_\_\_

---

Teachers, please sign the appropriate space below

Period 1 \_\_\_\_\_ Period 2 \_\_\_\_\_ Period 3 \_\_\_\_\_ Period 4 \_\_\_\_\_ Period 5 \_\_\_\_\_