

**FIELD TRIP PARTICIPATION CONSENT FORM  
Medically Fragile or Intensive Needs Students**

I have read the Kenai Peninsula Borough School District Field Trip guidelines for Students who are Medically Fragile or have Medical Intensive Needs and understand the contents.

I give permission for my child \_\_\_\_\_ to attend the following field trip: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

**CONSENT FOR EMERGENCY ASSISTANCE**

I give consent for emergency treatment to be administered to my child in my absence. I assume the cost of this medical treatment.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

I may be reached by phone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

If I am unable to be contacted you may contact the following person(s): \_\_\_\_\_

**PARENT DESIGNEE**

I, as parent/guardian of \_\_\_\_\_ authorize \_\_\_\_\_ to care for my child. I have trained this person in the medical interventions needed by my child.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

I \_\_\_\_\_ have been trained in the medical interventions needed by the above child and am responsible for their care.

\_\_\_\_\_  
Designee Signature Date

cc: school file  
copy to accompany student