

CAROLYN WENZ ELEMENTARY SCHOOL

437 West Washington Street – Paris, IL 61944 – Amy Perry, Principal

Phone 217-466-3140 – Fax 217-466-6718

FIELD TRIPS

My child _____, has my permission

to participate in school sponsored trips for the 2013 – 2014 school year.

Signature of the Parent or Guardian

Date

MEDICAL CONSENT FOR FIELD TRIPS

Student Name: _____

Permission is hereby granted to the attending physician to proceed with any medical minor surgical treatment and x-ray examinations for the above student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above student may be given.

Signature of Parent or Guardian

Date