



MASTER FIELD TRIP CONSENT FORM
GRADES K THROUGH 8
2011/12

*** A separate form is required for EACH student. ***

I give permission for my child _____ grade _____ to attend all school events and field trips organized by Gross Schechter Day School. I understand that students will travel by bus or private car, that I will be notified in advance about all field trips that involve travel away from school, and that I have the option to refuse to grant permission for my child to participate in any of these field trips.

I also give permission, in case of emergency, to the staff of Gross Schechter Day School to seek emergency medical treatment for my child.

I understand that, whenever possible, school personnel will first try to contact me and/or any medical personnel listed on my child's **Emergency Medical Authorization Form** before proceeding with any other course of action.

Parent Name: _____

Parent Signature: _____ Date: _____