



GROSS SCHECHTER DAY SCHOOL

MASTER FIELD TRIP CONSENT FORM

2009/2010

*** PRESCHOOL ***

(A separate form is required for EACH Schechter 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.

Signature of Parent: _____ Date: _____

*** PLEASE ALSO COMPLETE EMERGENCY MEDICAL AUTHORIZATION FORM ***