

**Hillcrest SDA School**

**Field Trip Permission, Consent to Treat, and Insurance Information**

I, the undersigned parents or guardians of \_\_\_\_\_, a minor, do hereby give my consent for him/her to attend all field trips taken by Hillcrest students during the 2018-2019 school year. This consent negates the need for separate permission forms for each activity, and will remain in effect until the end of the school year. I understand that I have the right to deny permission for an individual activity, in writing, if I so choose. I am aware that by my child a need for emergency medical treatment may occur as a result of accident or illness.

In the event emergency medical treatment becomes necessary for my child, I grant to Melissa Morris, Lisa Kijak, or Kori Cook the authority to obtain such emergency medical assistance.

I also consent to my child being transported by private car driven by Melissa Morris, Lisa Kijak, or Kori Cook, or any other representative of Hillcrest SDA School to the various destinations.

I further grant permission to the medical care provider authority to administer emergency treatment to my child.

I understand that I must send a booster seat for my child if they are over four years of age, but less than eight years of age, who also weighs between 40 and 80 pounds and is less than 4’9” tall.

**THE ABOVE MENTIONED STUDENT IS [ ] IS NOT [ ] COVERED BY INSURANCE.**

**Present Health Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

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

\_\_\_\_\_  
*Date*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Important Phone Numbers:**

_____	<b>Home</b>	_____	<b>Mother’s Cell</b>
_____	<b>Mother’s Work</b>	_____	<b>Father’s Cell</b>
_____	<b>Father’s Work</b>	_____	<b>Other</b>