

**PERMISSION/CONSENT TO TREAT AND HEALTH INSURANCE INFORMATION
(Off Campus- take on trip)**

Wisconsin Conference of Seventh-day Adventist

Petersen Elementary

We/I, the undersigned parents or guardian of _____, a minor, do hereby give our/my permission/consent for the above named child to participate in the following school sponsored activity: _____
to be held at _____
on the dates of _____ between the hours of _____ and _____.

We/I are/am aware that by our/my child participating in this activity there is the possibility there may occur a need for emergency medical treatment as a result of accident or sickness. In the even emergency medical treatment becomes necessary for my child, we/I grant to _____ or their assistants authority to obtain such emergency medical assistance.

We/I further grant to the medical care provider the authority and permission to administer emergency medical treatment.

We/I consent to my child being transported to/from the above stated activity premises by private car, church/school owned bus or other means, for the purpose of the above state activity.

Driver _____ Driver _____

We/I understand the school will supply no transportation. Each child is responsible for their own transportation to and from the above state activity.

This permission/consent shall remain in continuous effect until revoked in writing and delivered to the above named teacher/director or to the person entrusted with the custody of said minor.

The above named minor is , is not covered by health insurance.

Present Health Insurance Company _____

Policy # _____

Parent or Guardian's Name _____

Address _____

Phone: Father- Home _____ Cell _____ Work _____

Phone: Mother- Home _____ Cell _____ Work _____

Signature: _____ Date: _____