



## 2021 – 2022 Katy Adventist Christian School

### PARENT CONSENT FORM FOR SCHOOL-SPONSORED FIELD TRIP GENERAL CONSENT FORM

THIS PERMISSION SLIP IS VALID FOR THE **2020-2021 SCHOOL YEAR** FOR THE PURPOSE OF TAKING CHILD NAMED BELOW ON VARIOUS FIELD TRIPS IN THE KATY / HOUSTON AREA. IT IS UNDERSTOOD THAT A SEPARATE PERMISSION SLIP WILL BE GIVEN PRIOR TO EACH FIELD TRIP, AND THAT THIS GENERAL FORM WILL BE USED ONLY IN THE ABSENCE OF THE SPECIFIC FIELD TRIP CONSENT FORM THAT NAMES DESTINATION AND HAS PARENT / LEGAL GUARDIAN SIGNATURE. THIS GENERAL FORM WILL ONLY BE USED WHEN THE FOLLOWING TWO CONDITIONS HAVE BEEN MET:

1. It is the parent / legal guardian's desire for the child to attend field trip, but for some unavoidable reason was unable to sign and return the specific form prior to the field trip.
2. Verbal consent by parent / legal guardian is given to a staff member.

I hereby give permission for my child, or ward \_\_\_\_\_  
to go on the field trip with the KACS staff.

In granting this permission, I assume full responsibility for any damage to person or property caused by my child or ward. I further expressly agree that in the event of disciplinary action, or if the health of my child or ward makes it necessary at the discretion of the staff, my child or ward may be forthwith returned home at my expense. I understand that the student accident insurance carried by KATY ADVENTIST CHRISTIAN SCHOOL is in force for this field trip, and I assume financial responsibility for any medical or dental expense incurred over and above that covered by the student accident insurance.

We, the undersigned, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of the school personnel, whether said diagnosis or treatment is rendered at the office of said physician/dentist or at a licensed hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage the school personnel and said physician/dentist to exercise their best judgment as to the requirement of such diagnosis or treatment.

It is also understood that every possible attempt will be made to contact the parents first; only in case of extreme emergency and failure to be able to contact the parents will this apply. It is further warranted that this consent form is signed by one or two parents or guardians; it is with the authority of the other.

Sponsors for this field trip are:

Nidia Moller cell 817-903-9202

Maria Morales cell 713-301-3097

Ron Moller cell 832-773-1303

(other staff or volunteer may assist in these outings, but one of the above named shall also be present)

Signature of Parent / Guardian:

\_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

(city)

(state)

(zip)

Date: \_\_\_\_\_