

# Unified School District #101



**ERIE-GALESBURG**

205 S. Main Street  
Erie, KS 66733  
(620) 244-3264  
(620) 244-3664

Scott Palsler, **Superintendent**  
Connie Buskirk, **Board Clerk**  
Tracy Tromsness, **Board Treasurer**

## 2023-2024 CONSENT TO PARTICIPATE IN FIELD TRIP OR OTHER ACTIVITY AND CONSENT FOR TREATMENT

Grade Level \_\_\_\_\_

NOTE: THIS FORM MUST BE SIGNED IN ORDER FOR YOUR CHILD TO PARTICIPATE IN SCHOOL ACTIVITIES

I, \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_ give my consent for my child to participate in field trips/activities during the coming school year. I further give my legal consent and authorize any representative of \_\_\_\_\_ School to authorize emergency medical treatment for my child named above. This may include any necessary surgery or hospitalization for any injury or illness he or she incurred while participating in a school activity. He or she may be seen at any hospital by a licensed physician or licensed dentist in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801.

I agree to pay and assume responsibility for all medical, hospital, and emergency services expenses incurred on behalf of my child. I acknowledge and agree that \_\_\_\_\_ School is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child.

A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work, home, and emergency contact phone numbers to the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Alt Phone