

# COCONINO HIGH SCHOOL

## Consent for Emergency Care - Field Trips/Activities

Student \_\_\_\_\_ Sponsor Gaby Garcia

My child, \_\_\_\_\_ has permission to participate in the following field trip/activity Varsity Football Game

Date of Activity 9/20/19 Destination Mingus Union H.S., Cottonwood, AZ

Time Leaving 3:00pm Time Returning 11:30pm

Mode of Transportation District Bus

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

BE IT KNOWN THAT I, the undersigned parent or guardian of the student above-named, do hereby give and grant unto any medical doctor or hospital, my consent and authorization to render such aide, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in said field trip/activity as specified above.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at Flagstaff, AZ

Name of Parent or Guardian: \_\_\_\_\_  
(Please Print)

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Witness \_\_\_\_\_