

**Dakota Christian School**  
**Medical Release / Field Trip Consent Form**  
**2018-2019 School Year**

As the parent/legal guardian of \_\_\_\_\_, I authorize you to give emergency medical treatment to my son/daughter in my absence between the dates of August 1, 2018 and May 31, 2019.

1. Our family doctor is \_\_\_\_\_.

2. Our family hospital is \_\_\_\_\_.

3. Our child is allergic to \_\_\_\_\_.

4. Our address is: \_\_\_\_\_  
\_\_\_\_\_

5. Our telephone number(s): \_\_\_\_\_

(Home)

\_\_\_\_\_

(Work or Cell -father)

\_\_\_\_\_

(Work or Cell – mother)

6. In case of an emergency, if we cannot be reached please notify:

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Phone Number)

7. Information that might be useful to the doctor would include \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

8. Office staff has a limited supply of generic Advil & Tylenol on hand. My child(ren) listed below has/have permission to receive Tylenol/Advil (**please circle one or both**) if requested.

1. \_\_\_\_\_ (Tylenol/Advil)    2. \_\_\_\_\_ (Tylenol/Advil)

3. \_\_\_\_\_ (Tylenol/Advil)    4. \_\_\_\_\_ (Tylenol/Advil)

(If your child cannot take one of these, you are welcome to send his/her own to school [please mark] and we can keep it in the school safe to give out.)

9. According to the DCS Field Trip policy I consent to allow my student(s) to go on field trips with DCS teachers and agree to give all disciplinary authority to the faculty sponsors of the trip. I agree that if the faculty sponsor finds that removal of my student from the group is necessary as a result of his/her behavior, I agree to pick him/her up from wherever the class is and take them home.

\_\_\_\_\_

(Signature of Parent or Guardian)

\_\_\_\_\_

(Date)