



## Field Trip Consent

I hereby give my permission and consent for my child/children to participate in Harvest Community Homeschoolers field trips throughout the year.

Please list the names and birthdates of all children who may attend field trips.

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I grant permission to other Harvest Community Homeschoolers members to transport my child/children to and from field trips. Field trips may take place before, during, or after regular Harvest Community Homeschoolers hours. I hereby release Harvest Community Homeschoolers, its agents, and all Harvest Community Homeschoolers members or adult leaders from any liability and from any and all claims against them, individually or collectively, for injuries which might occur during a field trip or in traveling to or from a field trip.

Should my child/children require emergency medical treatment as a result of accident or illness, and neither I nor any of my alternate contacts can be reached, I then consent to such treatment. In the event of such an emergency, the doctor on call has my full permission to treat or render emergency care. I acknowledge that Harvest Community Homeschoolers does not provide health or accident insurance, and I agree to be financially responsible for any medical bills incurred as a result of such emergency medical treatment. I will notify the trip leader of any medical conditions of which medical personnel should be informed in the event treatment is needed.

Primary emergency contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Alternate emergency contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Print name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Insurance Company Name \_\_\_\_\_

Policy # \_\_\_\_\_

List any medical conditions we need to be aware of

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