

# Golden Plains

**Mary Ellen Welshon, Superintendent**

**Travis Smith, Administrative Assistant**

**335 School Street-PO Box 100 Rexford, Ks 67753-0100**

**785-687-3265 Fax (785) 687-2285**

**Unified School District 316**

## Consent to Participate in School Field Trip Consent for Medical Treatment

I, \_\_\_\_\_, give my consent for my child  
(parent and/or legal guardian)

\_\_\_\_\_ to participate in the

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I further give my legal consent and authorize any representative of Golden Plains High School to authorize emergency medical treatment, including any necessary surgery or hospitalization, for the above named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

If any property not belonging to the student or district is damaged, the student is liable.

Additionally, if any student breaks a local or state law or district policy, the student will be required to pay their own fare home.

I acknowledge and agree that Golden Plains High 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. If my child requires emergency medical treatment, I understand that school personnel will take a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to continue to provide current work, home, and cell phone numbers to the school.

A photocopy of this document shall have the same force and effect as the original.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date