

## FIELD TRIP CONSENT FOR LIFE CO-OP

My student \_\_\_\_\_, has my consent to go on a field trip with the LIFE co-op on \_\_\_\_\_ (date).

I do hereby release LIFE Support Group/LIFE co-op and its leaders of any liability in the case of an accident/injury involving my student. I give my consent for my student to receive emergency treatment at a hospital or by emergency personnel as deemed necessary in the event of an illness or injury. I agree to be responsible for any medical, or other expenses incurred by my student.

Insurance coverage is with: \_\_\_\_\_

My contact #: \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

Signed by: \_\_\_\_\_ (guardian)

Relationship to student: \_\_\_\_\_