

## **Estancia Municipal School District**

900 N. 9<sup>th</sup> St. / P.O. Box 68, Estancia, NM 87016 505-384-2000 (Tel) – 505-384-2015 (Fax) – www.emsdbears.us

## IN-TOWN/WALKING FIELD TRIP PERMISSION AND EMERGENCY MEDICAL RELEASE FORM

All students are required to have this form signed, dated and returned to the school prior to participating in any field trip.

## **PERMISSION FORM**

I hereby consent to let my son/daughter **PENDING STUDENT NAME** 

Attend any in-town/walking field trip(s) during the school year. It is understood that all reasonable caution will be takeb by the person(s) in charge to prevent injuries. However, neither those in charge, nor the district shall be held responsible in case of an accident.

Signature: \_PENDING PARENT/GUARDIAN SIGNATURE\_

Date: **PENDING DATE** 

## **EMERGENCY MEDICAL RELEASE**

In case of an injury or medical emergency, I, <u>PENDING PARENT/GUARDIAN NAME</u> give the school permission to take my child to the following hospital or urgent care center:

PENDING HOSPITAL/URGENT CARE CENTER

Signature: \_PENDING PARENT/GUARDIAN SIGNATURE\_

Date: \_PENDING DATE\_