



Cascade Christian Schools
MEDICAL/SURGICAL CONSENT
and FIELD TRIP PERMISSION *for:*

Student's Name: _____ Birth Date: _____ Boy Girl

FIELD TRIP

I hereby give permission for my child to participate in any and all field trips, including transportation to and from field trips, taken by Cascade Christian Schools.

MEDICAL TREATMENT/TRANSPORTATION

I hereby grant permission to Cascade Christian Schools to seek medical treatment for my child in the event such treatment is deemed necessary **and** for my child to be transported by an emergency vehicle to a medical facility for treatment.

I will provide at least three full days' dosage of each medication my student would need in the event of an emergency, along with a doctor's action plan and a completed Medication Authorization form for each medication.

HOSPITAL ADMISSION AND/OR PHYSICIAN'S CARE

I hereby consent to all medical and surgical treatment by the attending physician and to the administration and performance of all examinations, administering of medicine, treatments, anesthetics, operations, X-rays, blood tests, transfusions, suturing, or other procedures, which may be deemed necessary for my child during the stay at this hospital.

Doctor Choice: _____ Phone: (_____) _____

Hospital Choice: _____ Phone: (_____) _____

FINANCIAL AGREEMENT

I hereby agree to accept responsibility for any financial indebtedness incurred during the hospitalization. I agree to pay for all necessary services at the current rate and in case of collection, pay a reasonable attorney fee and collection expense.

I have read the above medical/surgical and field trip consent information, and understand and agree to its content.

Parent/Legal Guardian Signature: _____

Date: _____