

# Field Trip Permission Form

**Student Name** \_\_\_\_\_ **High School** \_\_\_\_\_

In November, your student will have the opportunity to attend the annual Sophomore Class field trips to Eastland Career Center and Fairfield Career Center or one of our satellite programs located in area high schools. This is a great opportunity to see some of the programs that we offer and explore a variety of career options that your student might pursue in college.

Eastland-Fairfield Career & Technical Schools is a great place to learn, build experience, and explore a career before entering college, technical school, or the workforce. We offer programs in the traditional trades and licensed professions, college-level programs, and programs for students with special educational needs.

## Connecting academics to real-world success

Eastland-Fairfield programs allow students to immerse themselves in a career field or profession, spending a half-day learning hands-on and gaining real-world experience. Our classrooms and labs are equipped with the latest technology. Career Technical Education focuses on the standards required in the workplace. Combine that with top-notch academics, and you have what employers call added value. Not only do Eastland-Fairfield programs prepare students for further study, but many also allow students to earn college credit or enter college in advanced standing. With the college credits earned in selected programs, students will have a college transcript that can be taken nearly anywhere!

In the event that reasonable attempts to contact me at the listed phone numbers have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by my preferred physician/preferred dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to my preferred hospital, or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

## Emergency Contact Information

Student Name \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Preferred Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Check here if you **do not** give consent for emergency medical treatment of your child. In the event of illness or injury requiring emergency treatment, school authorities should take no action or:

*By signing below, you are giving your child permission to attend the program visitations.*

**Sign below and return this form to the guidance counselor.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Daytime Phone Number