

# JESUP MIDDLE SCHOOL NON CONSENT form for FIELD TRIP or MEDICAL Treatment

## PARENTAL CONSENT FORM

My student, \_\_\_\_\_  
(Student Name) \_\_\_\_\_ (Grade)

**does not have** permission to attend all field trips or school functions during the \_\_\_\_\_ school year.

Your student will be given another related assignment if necessary to replace the field trip information.

You will be notified when field trips occur.

\_\_\_\_\_  
(Parent/Guardian Signature) / \_\_\_\_\_ (Date)

## PARENTAL NON-CONSENT for MEDICAL Treatment during Field Trips or other School functions form

I, \_\_\_\_\_,  
(Parent/Guardian) \_\_\_\_\_ (Relationship)

of \_\_\_\_\_,  
(Student's Name) \_\_\_\_\_ (Age) \_\_\_\_\_ (Grade)

of \_\_\_\_\_,  
(Complete Home Address) \_\_\_\_\_ (City)

hereby do not authorize, in advance, any necessary medical treatment required for the above named student while attending a school function or field trip.

\_\_\_\_\_  
(Parent/Guardian Signature) \_\_\_\_\_ (Phone Number) \_\_\_\_\_ (Date)