

**GREAT BEND RECREATION COMMISSION
PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS**

I, the undersigned parent or legal guardian, give permission for the following child(ren) to be transported by USD #428 school bus from the Great Bend Rec or Great Bend Rec Activity Center to the following locations off the premises with adult supervision.

First and Last Name of Child or Youth

has/have my permission to be transported by USD #428 school bus while participating in a Great Bend Recreation Commission class or activity.

Place: Kansas Wetlands Education Center	Street Address: 592 NE K 156 Hwy	City: Great Bend, KS 67530
Signature of Parent or Guardian:		Date Signed:

Place: Walnut Bowl	Street Address: 3101 Washington	City: Great Bend, KS 67530
Signature of Parent or Guardian:		Date Signed:

Place: Veterans Memorial Park	Street Address: 17 th Street Terrace & McKinley	City/State/Zip: Great Bend, KS 67530
Signature of Parent or Guardian:		Date Signed:

Place: Great Bend-Brit Spaugh Zoo	Street Address: 20 th Street & Main	City: Great Bend, KS 67530
Signature of Parent or Guardian:		Date Signed:

Place:	Street Address:	City:
Signature of Parent or Guardian:		Date Signed:

Place:	Street Address:	City:
Signature of Parent or Guardian:		Date Signed:

Continued On Other Side

RELEASE OF LIABILITY

_____ will participate in the field trip sponsored by the Great Bend Recreation Commission.

**Authorization for Emergency Medical Care
For Youth Participation**

In order to meet all legal requirements, I hereby authorize GBRC Staff Person to give consent for any and all necessary emergency medical care for my child(ren), _____, while said child(ren) is/are in said individual's custody.

Witness:	Date Signed:	
Signature of Parent or Guardian:	Date Signed:	

Physician: _____

Hospital preference: _____

Emergency Contact Phone Numbers:

Parent/Guardian (cell):	Parent/Guardian (work):	Parent/Guardian (home):
Parent/Guardian (cell):	Parent/Guardian (work):	Parent/Guardian (home):

Is child covered by health insurance? YES NO

List of any known allergies or other information about the medical status of this child/youth pertinent in case of emergency: _____

Last tetanus toxoid shot: _____