



Shonto Preparatory School

E Hwy 160 & Rt 98 - P O Box 7900
Shonto, Arizona 86054-7900

Phone: (928) 672-3500

Fax: (928) 672-3505

AUTHORIZATION FOR EMERGENCY CARE

I, _____, hereby give permission for my son/daughter
(Parent's Name)

_____, to participate in the:
(Student's Name)

☐ educational field trip, or;

☐ Other _____

Which is scheduled for the _____, They will be traveling to _____.
(Date/Time of Trip) (Location of Trip)

I, do hereby, certify that I will not hold Shonto Preparatory Schools responsible for injuries or accidents my child might incur while participating in any school-sponsored activity when good and reasonable judgment has been used by the sponsors. Be it also known that I, the undersigned parent or guardian of the above named student, authorize Shonto Preparatory School to provide first aid and/or transport my child to the nearest medical facility for medical treatment of my son/daughter in my absences.

Should you have any questions, please call _____. Thank you.

Parent/Legal Guardian's Signature _____

Print your name _____ *Relation to student* _____

Special Instructions, if any: _____

Note: The designated school bus driver will follow the approved itinerary. Sponsors will be responsible for advance planning, arrangements and to make sure that each student arrives home as scheduled; or if necessary to contact Residential and Food Service Personnel in advance.

Please return this permission form to the school by _____ to attention of _____.
(Date) (Sponsor)