

FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION TO TREAT

MY CHILD _____ HAS PERMISSION TO PARTICIPATE IN THE
FIELDTRIP TO _____

DATE _____ TIME _____

TRANSPORTATION: CAR / BUS

SPECIAL INSTRUCTIONS:

(Please cut off and return lower section of this form)

MY CHILD _____ HAS PERMISSION TO PARTICIPATE IN THE
FIELDTRIP TO _____

DATE _____ TIME _____

I, THE UNDERSIGNED, HEREBY RELEASE AND DISCHARGE ST. PATRICK'S DAY SCHOOL, IT'S OFFICERS AND EMPLOYEES, FROM ANY AND ALL LIABILITY ARISING OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THIS FIELDTRIP.

IN THE EVENT OF ANY ILLNESS OR INJURY, I HEREBY CONSENT TO WHATEVER EXAMINATION, X-RAY, ANESTHETIC, MEDICAL, DENTAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE FROM A LICENSED PHYSICIAN AND/OR SURGEON AS DEEMED NECESSARY FOR THE SAFETY AND WELFARE OR MY CHILD.

FULL NAME OF STUDENT

BIRTH DATE

ADDRESS

HOME PHONE

FATHER'S NAME

E-MAIL

CELL PHONE

MOTHER'S NAME

E-MAIL

CELL PHONE

HEALTH INSURANCE CO.

POLICY NO.

STUDENT'S DOCTOR

DOCTOR'S PHONE

DATE OF LAST TETANUS BOOSTER _____

ALLERGIES TO MEDICATIONS _____

KNOWN MEDICAL PROBLEMS _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

EMERGENCY CONTACT PERSON IF NEITHER PARENT CAN BE REACHED:

NAME

DAYTIME PHONE