



FIELD TRIP PERMISSION FORM

I, _____, am the _____ of
(name of parent/guardian) (father/mother, custodial parent, legal guardian)
_____, a student at Saint Joseph Academy, in the _____th grade.
(name of student)

I hereby give permission for my daughter to participate in a field trip on _____
(date of field trip)

from _____ to _____ at _____ with
(departure) (return) (place of the field trip)

_____. Transportation to and from the site of the field trip
(sponsoring teacher/staff member and class/group)

will be provided by: bus/van car (students may not drive other students) the individual
student (students may not drive other students) other _____.
(specify)

The educational purpose of this field trip is _____
_____.

I fully understand what is involved in the field trip, and I understand that I have the opportunity
to call the sponsoring teacher or staff member and ask him/her about the field trip.

WAIVER -- RELEASE

I understand that in consideration of the student being allowed to participate in the field trip, my signature, hereon, as parent/guardian, indicates that I hereby assume all risks in connection with the field trip and acts as a full release of Saint Joseph Academy and its employees and as a waiver of any and all claims against the Academy and its employees arising out of, or in any way connected with the activity which is the subject of this form, including all risk connected therewith whether foreseen or unforeseen. This waiver and release is executed on behalf of the named student and her parents/guardians.

In case of emergency, I give my permission to provide any medical treatment, care or attention which the above named student may require.

Signature _____ Emergency Telephone _____
(parent/guardian)

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MEDICAL INFORMATION & AUTHORIZATION

We are taking every precaution to ensure that your daughter will have a safe and meaningful experience. However, should your daughter be hurt or become ill, it is necessary that we have the proper information and permission to act on her behalf.

EMERGENCY CONTACTS

NAME	RELATIONSHIP	DAY PHONE	NIGHT PHONE

HEALTH INFORMATION

Is your daughter currently under a physician's care? yes no

If yes, please explain: _____

Does your daughter have any problems with the following: (please write *yes* or *no* on each line)

_____penicillin _____insect stings _____asthma _____convulsions
_____sleepwalking _____diabetes _____hay fever _____poison ivy

Please list any other information about your daughter's health or physical condition which could affect her welfare while participating in this field trip: _____

MEDICATION INFORMATION

Note: All medications, including prescription and over-the-counter, must be in the **original containers** and stored with the site nurse and/or the sponsoring faculty member. All medication will be self-administered by the student in the presence of the site nurse and/or the sponsoring faculty member.

Will your daughter be taking any *over-the-counter* medications: yes no

If yes, please identify the specific medication and explain for what condition it is being taken: _____

Will your daughter be taking any *prescription* medication: yes no

If yes, please identify the specific medication and explain for what condition it is being taken: _____

Please list possible reactions to medications which may occur and which should be noted by the site nurse and/or sponsoring faculty member and reported to parents: _____

MEDICAL INSURANCE INFORMATION

Name of insurance Carrier: _____ Policy # _____ Group# _____

Policyholder's Name: _____ Relationship to Student _____