



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 ____ 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
(sponsoring teacher/staff member and class/group)

field trip 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 this field trip, and I understand that I have the opportunity to call the sponsoring teacher and ask him/her about the field trip. I further understand that the above named student will be expected to follow the policies, procedures and code of conduct set forth by Saint Joseph Academy and the site of 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 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 _____ Date _____
(parent/guardian)

MEDICAL INFORMATION & AUTORIZATION

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

-over-

HEALTH INFORMATION

Is your daughter currently under a physician's care? Yes No

If yes, please explain: _____

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: _____

PART I: MEDICAL INSURANCE INFORMATION and to GRANT CONSENT TO TREAT

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

Policyholder's name: _____ Relationship to Student: _____

Policyholder's Social Security Number: _____

Student's Social Security Number: _____

In the event reasonable attempts to contact me at _____ (phone number) or _____

(other parent) at _____ (phone number) have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____ (preferred doctor) or Dr. _____ (preferred dentist) or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.
2. The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before the surgery is performed.

Signature of parent

Date

PART II

If you COMPLETED the above, STOP HERE!

COMPLETE this section only for REFUSAL TO CONSENT

REFUSAL TO CONSENT

I **DO NOT** give my consent for emergency medical treatment of my child. In the even of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to do the following: _____

Signature of parent

Date

