

MEDICAL RELEASE, TRANSPORTATION AND FIELD TRIP INFORMATION 2010-2011 GRADE _____

_____ has my permission to attend various field trips sponsored by St. Clement's Parish School. It is understood that transportation will be by car driven by a licensed, responsible adult or by walking to nearby locations if accompanied by a responsible adult approved by the School.

I understand that there are risks involved in such trips but I want my child to participate in these activities according to the terms stated herein. In order to assure St. Clement's Parish School that my child can participate in said trips, I hereby represent that my child is healthy and capable of attending said trips without risk of danger to himself or others.

Further, I do hereby release and forever discharge St. Clement's Parish School, its employees, administrators, successors and assigns, and any approved person selected to accompany the student, from any and all actions, causes of action, claims, demands, damages, costs, expenses, and all consequential damage on account of, or in any way growing out of, or in connection with any field trip.

Mother's Name: _____ Home Phone: _____
Mobile #: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____
Mobile #: _____ Work Phone: _____

Emergency Contact (If parent cannot be reached):
Name: _____ Home Phone: _____
Mobile#: _____ Work Phone: _____

Parent E-Mail Address: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

CHRONIC ILLNESSES, ALLERGIES; PHYSICAL OR MEDICAL RESTRICTIONS: _____

MEDICATIONS-AMOUNT AND TIME TAKEN: _____

INSURANCE INFORMATION - If none please check here _____

Insurance Company _____ Policy Holder _____

Policy # _____ Group # _____ Policy Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

The insurance will cover my child for the duration of this trip and I understand it is my responsibility to pay for any resulting unpaid fees. It is expected that in case of accident or emergency that the parent or Legal Guardian will be notified as soon as possible.

In the event of accident or emergency, I hereby authorize, in my absence, St. Clement's Parish School or its duly authorized agent to act in my behalf to give permission to any licensed physician and accredited hospital or clinic to perform any medical and/or emergency care deemed essential for the treatment of my child. This authority is in effect until I am reunited with my child.

Signature of Parent or Legal Guardian _____

Date Signed _____