FIELD TRIPS
PARENT CONSENT FORM

_____ /_____
Student Name Student ID No.

The above-named student has my consent to take the field trip described below:

_____ / _____/ _____
Grade/Class/Group Date/Time of Field Trip Time to Return

_____
Destination of Trip/Activity

_____
Teacher or Staff who will accompany students Contact Information (optional)

As the student's parent or guardian, I release St. John's Jesuit and any associated person or agency from any claims in consideration for the opportunity for my son to participate in this activity. I understand those transporting St. John's Jesuit students are required to have their own personal liability insurance and are responsible for the care of my student.

_____ _____
Parent Signature Date

MEDICAL INFORMATION

Students that have medical conditions that require supplies such as inhalers, epi pens, glucose monitors or snacks for low blood sugars are responsible to bring these supplies on the field trip and alert staff members of such equipment needed.

Allergies (food, insects, medications, others)
_____

Do you carry medications for your allergies? (if yes, list medications(s) and dosages)
_____

Current medications (include herbal and over the counter medications as well as prescription medications.)
_____

_____

Pertinent Medical History
(please list medical conditions e.g., diabetes, asthma, seizures, etc. or physical conditions that might be important for emergency care).
_____

_____

PLEASE COMPLETE EMERGENCY MEDICAL AUTHORIZATION ON REVERSE SIDE.

FIELD TRIP
EMERGENCY MEDICAL AUTHORIZATION

Emergency Contact Information

_____

Name Relationship

_____

Address

_____

Home Ph. Number Cell Phone Work Phone

Health Insurance Information

_____

Company or Organization

_____

Address Phone Number

_____

Policy or Contract Number Expiration Date

Physician(s)

_____

Name Phone Number

_____

Dentist Phone Number

Purpose *– To enable parents to authorize emergency treatment for students who become ill or injured while under school authority, when parents cannot be reached.*

Student Name_____ Grade_____

In the event reasonable attempts to contact me at _____ (phone number) or _____ other parent at _____ (phone number) or _____ another authorized person at_____ (phone number) have been unsuccessful, I hereby give my consent for the administration of any emergency medical treatment deemed necessary and/or the transfer of the student to the nearest hospital.

This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Signature of Parent _____ Date _____