



SJJ ACADEMY FIELD TRIP 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 the necessity for such surgery, are obtained before the surgery is performed.

Signature of Parent _____ **Date** _____