

**ST. JOSEPH HIGH SCHOOL
FIELD TRIP/MEDICAL PERMISSION SLIP**

NAME OF STUDENT _____ SEX (M/F) _____ HOMEROOM _____

DATE OF BIRTH _____ HOME PHONE _____ PARENTS CELL _____

DATE OF APPLICATION _____ DATE(S) OF TRIP _____

DESTINATION/EDUCATIONAL NATURE OF TRIP _____

MODE OF TRANSPORTATION _____ PERIODS INVOLVED _____

NAME OF PARENT/GUARDIAN _____ BUSINESS PHONE _____

NAME OF PARENT/GUARDIAN _____ BUSINESS PHONE _____

EMERGENCY INFORMATION

NAME _____ PHONE NUMBER _____

RELATION TO STUDENT _____

PARENTAL APPROVAL/RELEASE OF LIABILITY/MEDICAL RELEASE

I request that my son/daughter _____ be allowed to participate in _____ . I understand that this will result in the possible loss of classroom instruction and that it is the responsibility of my child to make up the work that is missed.

In consideration of my son/daughter being permitted to participate in this activity, I agree to hold harmless and indemnify the school/or its agent (s), and the Diocese of Bridgeport for any injuries or damages which may occur both during transit and participation in the activity described above.

Signature of Parent/Guardian

MEDICAL INFORMATION:

If your child has any special medical conditions (s), physical limitations, allergies, handicap, dietary needs, special prescriptions, etc., that the sponsor of this trip should be aware of, please list:

DATE OF LAST TETANUS: _____

As a parent or legal guardian of _____, I hereby request and grant

Student's Name

permission that _____ of Saint Joseph High School authorize any

Supervisor's Name

necessary emergency medical/dental treatment recommended while _____

Student's Name

is in the supervisor's care during the above referenced activity . I hereby agree to hold harmless and indemnify the activity supervisor and St. Joseph High School and the Diocese of Bridgeport from any claim that such treatment was performed without my permission.

Signature of Parent/Guardian

Date