

DEPART 3:30PM 3/1/19
RETURN 1:45PM 3/3/19

ST. JOSEPH HIGH SCHOOL
FIELD TRIP/MEDICAL PERMISSION SLIP

PLEASE NOTE: ALL STUDENTS MUST BE ACADEMICALLY ELIGIBLE AND ALL FINANCIAL ACCOUNTS
MUST BE IN GOOD STANDING IN ORDER TO PARTICIPATE IN A FIELD TRIP.

NAME OF STUDENT _____ SEX (M/F) _____ HOMEROOM _____
DATE OF BIRTH _____ HOME PHONE _____ PARENTS CELL _____
STUDENT CELL _____ DATE(S) OF TRIP MARCH 1-3, 2019
DESTINATION/EDUCATIONAL NATURE OF TRIP WISDOM HOUSE: 229 E. LITCHFIELD ROAD
LITCHFIELD, CT
MODE OF TRANSPORTATION ST BUS PERIODS INVOLVED WEEKEND
NAME OF PARENT/GUARDIAN _____ BUSINESS PHONE _____
NAME OF PARENT/GUARDIAN _____ BUSINESS PHONE _____
EMERGENCY INFORMATION
NAME _____ PHONE NUMBER _____
RELATION TO STUDENT _____

ARENTAL APPROVAL/RELEASE OF LIABILITY/MEDICAL RELEASE

I request that my son/daughter _____ be allowed to participate in SPRING KAIROS. 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: _____

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

Mr. Smith *Student's Name*
of Saint Joseph High School authorize any necessary emergency medical/dental

Supervisor's Name
treatment recommended while _____ is in the supervisor's care during the above referenced

Student's Name
activity. I hereby agree to hold harmless and indemnify the 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 _____
rev.9/18/17