

**ST JOSEPH HIGH SCHOOL
FIELD TRIP/MEDICAL PERMISSION FORM**

**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 _____
PARENT CELL _____ STUDENT CELL _____
DESTINATION/EDUCATIONAL NATURE OF TRIP Quebec, Canada – Cultural Diversity
MODE OF TRANSPORTATION Coach Bus; Constitution Coach, Inc. DATES OF TRIP Feb 16-19, 2019
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 the _____.

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 condition(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 permission that
Student's Name

_____ **Dr. Robert J. Marino** _____ of St 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
activity. *Student's Name*

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.12/04/18