

**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 Washington, D.C. – Cultural Diversity

MODE OF TRANSPORTATION Coach Bus DATES OF TRIP Mar. 11-13, 2023

NAME OF PARENT/GUARDIAN _____ MOBILE PHONE _____

NAME OF PARENT/GUARDIAN _____ MOBILE 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 Sophomore Class Field Trip. 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:

As a parent or legal guardian of _____, I hereby request and grant permission that Iaian Blamey (Sophomore Class Moderator) of St. Joseph High School authorize any necessary emergency medical/dental treatment recommended while my son/daughter, _____, is in the supervisor's care during the above referenced 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 _____