

**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 _____
DESTINATION/EDUCATIONAL NATURE OF TRIP Boston Freedom Trail-walking tour
MODE OF TRANSPORTATION Bus PERIODS INVOLVED all day
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 trip to Boston 11/8/19. 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 permission that

Student's Name

Dr. Valois and Mr. Tyrell 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 _____

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