

**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 NOV. 30 - DEC. 2, 2018

DESTINATION/EDUCATIONAL NATURE OF TRIP KAIROS RETREAT

MODE OF TRANSPORTATION BUS PERIODS INVOLVED WEEKEND

NAME OF PARENT/GUARDIAN \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

**EMERGENCY INFORMATION**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

RELATION TO STUDENT \_\_\_\_\_

**TRIP/RENTAL APPROVAL/RELEASE OF LIABILITY/MEDICAL RELEASE**

I request that my son/daughter \_\_\_\_\_ be allowed to participate in KAIROS RETREAT. 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

*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 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