

St. Mary Catholic High School
Field Trip Permission / Medical Release Form

Student Name: _____ **Grade Level:** _____

If this form is not returned prior to the field trip, the student will not be allowed to go.

Date	Purpose / Location	Transportation
10/12/16	FRESHMAN Retreat	Bus / Van
02/08/17	SOPHOMORE Retreat	Bus / Van
10/13/16	SOPHOMORES @ the PARTY at the PAC	Bus / Van
09/21/16	JUNIOR Pilgrimage	Bus / Van
05/17/17	SENIOR Affirmation Retreat	Bus / Van
10/07/16	ALL SCHOOL Service Morning ... Various Locations	Car / Bus / Van
02/02/17	ALL SCHOOL SMCS Catholic Schools' Week Mass @ SG	Bus / Van
03/09/17	ALL SCHOOL Fox Cities Performing Arts Center	Bus / Van

Will the student be requiring any medication while on the field trip? _____

If yes, please provide the necessary times and instructions for administering medication. The teacher must carry the medication. _____

I hereby request and give permission for my son / daughter to participate on the field trips listed above. He / she is adequately covered by insurance for any injury that he / she might sustain. I have discussed this with my spouse (if appropriate) and we both hereby release St. Mary Catholic High School and the persons in charge of these outings from any liability in connection with the same.

Parent/Guardian Signature: _____ **Date:** _____

Authorization for Medical Treatment

I hereby authorize the treatment, administration of anesthesia or surgical treatment for my minor son / daughter in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s), and nursing personnel within the physician's staff. I release from medical responsibility and liability the hospital, physician(s), and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Parent/Guardian Signature: _____ **Date:** _____

- I hereby request and authorize the administrative staff at SMCHS to **dispense Tylenol / Ibuprofen (or a similar product) to my child at his/her request.**

Parent/Guardian Signature: _____

- I hereby request and authorize my son / daughter to carry his / her **prescription inhaler** on his / her person at all times.

Parent/Guardian Signature: _____

This release is valid for the entire school year.