



St. Mary Catholic High School
Field Trip Permission Form

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

Note: For legal reasons, this form must be completed for each field trip for every student.

Field Trip: FVTC Campus Visit Day
Date/Time: Nov. 14, 2018/9:40am-12:15pm **Teacher/Advisor:** Julie Castagna
Dress: SMC Dress Code **Transportation:** SMC Bus
Cost: None

Please return this form to the main office by: October 19, 2018

Student Name: _____

Address: _____

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 in this field trip.

He / she is adequately covered by insurance for any injury that he / she might sustain. I have discussed this with my spouse and we both hereby release St. Mary Catholic High School and the persons in charge of this outing from any liability in connection with the same.

Parent Signature	Phone #	Date
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AUTHORIZATION FOR MEDICAL TREATMENT

I hereby request and 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 Signature