

ST. MARY SCHOOL, Vermilion
FIELD TRIP PERMISSION FORM and EMERGENCY AUTHORIZATION FORM

_____ (date)
Dear Families:

PRINT Student's Name _____ **Grade** _____

I hereby give permission for my child or ward to participate in the educational exercise described above, which has been planned by the teacher and children, away from school buildings and school grounds. I recognize that St. Mary School has provided this proposed exercise to provide educational enrichment of their course of study, and agree that the school, administration and the Diocese of Toledo are not liable for any act of negligence of their employees. I further recognize and agree that the teaching employees who are in charge of the supervising this exercise are clothed with judgment and discretion in the exercise of their duties and are acting in 'loco parentis' and are not liable for an act causing harm or injury which occurs in the performance and within the scope of this duty unless such act be of a malicious or deliberate nature.

DATE: _____ **PARENT/GUARDIAN SIGNATURE** _____

The purpose of this form is to provide emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

(PRINT) Student Name _____ Date of Birth _____

EMERGENCY MEDICAL AUTHORIZATION - PART I...You must complete either Part I or Part II

In the event reasonable attempts to contact the following:

Name/Relationship to child: _____ Daytime Phone: _____ Alternate #: _____

or
Name/Relationship to child: _____ Daytime Phone: _____ Alternate #: _____

Have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by

Preferred Doctor: _____ Office phone _____ or

Preferred Dentist: _____ Office phone _____ or, in the

event the designated preferred practitioner is not available, by another licensed physician or dentist, and

(2) transfer of the child to: Preferred Hospital: _____ or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessary for such surgery, are obtained before surgery is performed.

MEDICAL HISTORY/MEDICATIONS

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date _____ Parent/Guardian Signature _____

EMERGENCY MEDICAL AUTHORIZATION PART II (REFUSAL TO CONSENT)...Do not sign Part II if you signed Part I

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical emergency treatment, I wish to school authorities to take no action or to _____.

Date _____ Parent/Guardian Signature _____