

PARENT/GUARDIAN MEDICAL INFORMATION & PERMISSION FORM

Student Name _____

Medical Plan _____

In the event I cannot be reached, I hereby give consent for the following medical care providers to be called:

Physicians _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for

(1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physicians or dentist; and

(2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

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

I have fully considered and am aware of the risks inherent in the field trip/retreat/activity, including without limitation, dangers posed by impure food or water, poor sewage disposal, terrorist activities, theft, fraud, and other willful or negligent conduct by others, and acknowledge that, by participating in the trip, the undersigned student voluntarily assumes such risks. I further understand that by signing this “Parent/Guardian Field Trip Permission Form” I am acknowledging that the school shall not be responsible or liable for any personal injury, property damage or other loss that may occur with respect to the student or his property on the trip and hereby releasing the school, its teachers, administrators, trustees, employees, agents and volunteers from all related claims or liability of any nature other than those arising out of the willful or intentional misconduct by any such persons. I, the undersigned, have read this “Parent/Guardian Medical Information Field Trip/Retreat/Activity Permission Form” and understand all of its terms.

IN WITNESS WHEREOF, I have executed the “Parent/Guardian Medical Information/Field Trip/Retreat/Activity Permission Form” on this _____ day of _____, 20 _____.

PARENT or GUARDIAN Name: _____

PARENT or GUARDIAN Signature: _____

ADDRESS _____

TELEPHONE NUMBER _____