

## SCHOOL FIELD TRIP/SCHOOL ACTIVITY PERMISSION FORM

As parent/legal guardian of \_\_\_\_\_ I grant  
(Print Student's Name)

permission for him/her to participate in the field trip described below:

Destination/Location Paradise Island Bowl (Neville Island)

Nature or purpose of the trip: Grades 4-5 Field Trip for Catholic Schools Week

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Date/Time Leaving: 2/3/23 - 10:00am

Date/Time Returning: 2/3/23 - 1:00pm

Sponsors/Chaperones: 4<sup>th</sup> and 5<sup>th</sup> Grade Teachers and some middle school teachers

Cost of Trip Per Child: \$25 per student (includes bus, shoes, bowling for 2 hrs, appetizer bar, and drinks)

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Signature of Parent/Guardian

Date

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I am aware that when I am on a school-sponsored trip, I am under the jurisdiction and supervision of the school-employed sponsors/chaperones and that and that my behavior must conform to the *Code of Student Conduct*, the school's *Student Handbook* and reasonable instructions from chaperones. I understand I will be subject to appropriate disciplinary action for violations of these rules and regulations.

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Signature of Student

Date

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Father's Cell Phone Number: \_\_\_\_\_

Mother's Cell Phone Number: \_\_\_\_\_

**Consent To Treat**

I/We the undersigned parent(s)/guardian of \_\_\_\_\_, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

Date: \_ \_ \_ \_ \_

This consent form will remain effective until -----

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes....

1) **Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_ \_ \_ \_ \_

2) I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature: \_\_\_\_\_ Date: -----

3) No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: -----

Any known allergies?: \_\_\_\_\_

Any physical limitations?: \_\_\_\_\_

Any medically prescribed dietary needs?: \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, fainting?

Yes No

If Yes explain: \_\_\_\_\_

\_\_\_\_\_