



St. John the Evangelist School

8912 Old Branch Avenue ~ Clinton, Maryland 20732 ~ 301-868-2010

Student Field Trip Consent Form and Liability Waiver

Student's Name: _____

Birthday: _____

Parent/Guardian's Name: _____

Address: _____

Phone Numbers: (home) _____ (cell) _____ (business) _____

A brief description of the activity follows:

Type of event: _____

Date and Time of event: _____

Destination of event: _____

Individual in charge: _____

Estimated time of departure and return: _____

Mode of transportation to and from: _____

Proper attire for trip: _____

Cost of trip: _____

Parent Responsibility:

I, _____, grant permission for my child, _____, to participate in this school event that requires transportation to a location away from the school site. As parent and/or legal guardian, I remain legally responsible for any personal action taken by the above named student. I know that all possible care and safety will be provided for my child. Therefore, in case of an accident, I will not hold St. John the Evangelist School and/or faculty responsible.

Signature: _____ Date: _____

Please note:

No student will be allowed to participate unless assigned permission slip for the specific event is on file with St. John's School. The permission slip must be submitted prior to the filed trip and it must be signed by the parent and/or legal guardian.

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.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment, I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to teacher me at the numbers provided, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Of the following statements pertaining to medical matters, sign only those that are applicable.

Other Medical Treatment: In the event it comes to the attention of the school, its faculty, chaperones or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, fever, or other non-emergency health issue, I want to be called.

Signature: _____ Date: _____

Medications: My child is taking medication at present. Names of medications and concise directions for taking medications including dosage and frequency, are as follows: _____

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

Specific Medical Information: The school will take reasonable care to see that the following information will be held in confidence

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Other medical information: _____