



Trip Details

Event: _____

Destination: _____

Trip/Activity leader: _____

Mode of transportation: _____

On-site activities: _____

Date and time of departure: _____

Date and time of return to school: _____

Please detach and return bottom section to school and retain the top.

Event: _____

Student name: _____

Address _____

Parent home phone _____ Parent work/cell phone _____

Family physician _____ Phone _____

Please list any current medications, food allergies, drug allergies, or chronic medical conditions:

CONSENT

My child named above has my permission to participate in all aspects of the above-listed trip.

In a medical emergency involving my son/daughter named above, I understand that every effort will be made to reach me for instructions. If, in the judgment of the trip leader or medical professional, delay in reaching me might jeopardize my child's well-being, I hereby give my consent for the responsible leader or other St. Mary's representative to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication.

As parent or guardian, I agree that my child is responsible for following all the rules and expectations of the trip named above. Behavior expectations are clearly outlined in the student Handbook.

I also agree to be responsible for all debts not covered by St. Mary's School which are incurred by the student during the trip/activity, for all expenses not covered by insurance that are incurred as a result of any accident, illness, or medical emergency involving the student, and for all transportation costs to prematurely return the student to Medford, Oregon, should the student's continued participation jeopardize the safety or health of other participants.

Signature of parent/guardian _____ Date _____