

Archbishop John Carroll High School
211 Matson Ford Road, Radnor, PA 19087

Student Name _____ Student ID# _____

Parental Permission, Medical Information, and Release Form for Field Trip

All possible care and precaution is taken to safeguard the pupil from accident or injury. Parents, by signing this form indicates that they accept responsibility for any incident or accident connected with the trip. The same rules of conduct that are in effect at Carroll apply on any field trip. Students are required to wear proper attire on field trips. Please bear in mind while on any field trip, that the entire school is judged by the actions and behavior of those members of the Carroll community who are on the trip.

Please complete and return this form by: _____

My child, _____, has my permission to participate with the school to:

EVENT: _____

PLACE: _____

DATE: _____ **Arrival Time:** _____ **Pick-up Time:** _____ **Cost:** _____

Chaperone Name: _____

Transportation: _____

Activity Details: _____

MEDICAL INFORMATION:

Parent/Guardian's Medical Insurance Group Name: _____

Insurance Group Number: _____

▪ Family physician's Name: _____ Phone: _____

▪ Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

Food _____ Drug _____

Animal _____ Other _____

▪ Limitations of which we should be aware: _____

▪ My child requires the following medicine: _____ Frequency _____

I have read the comments above and give permission for my son/daughter to attend the supervised field trip above. My child and I are aware that he/she is responsible for all classroom work, testing, and homework missed while on the trip. Should the need arise, I give permission for my son/daughter permission to receive treatment.

_____/_____/_____
Parent or Guardian Signature / Date / Phone #

_____/_____
Emergency Contact Name (if parent can't be reached) / Phone #

_____/_____
Student Signature / Date