



FIELD TRIP/EMERGENCY MEDICAL RELEASE FORM

I give my permission for my child, _____ to participate in planned and impromptu field trips under the supervision of St. Herman's School Staff. I understand that students will be transported in privately insured vehicles and that each student will wear a seatbelt at all times during transport. I hereby grant permission for my child to be given appropriate medical care in case of an emergency. I will assume responsibility for payment of a physician's and/or hospital care which is not covered by my insurance or medical plan. I understand that in the event of an emergency, the school staff will make every effort to contact a parent, family doctor or responsible adult as listed below.

Student's Name: _____ Age: ____ DOB: _____

Address: _____

Home phone: _____

Father's Name: _____ Cell: _____

Mother's Name: _____ Cell: _____

In case of serious illness or injury and parent(s) cannot be reached, please contact:

Other responsible adult: _____

Relationship: _____ Phone: _____

Child's PCP: _____

Phone: _____



Health Insurance: _____

Group or I.D. No.: _____

Please explain in full if there is a specific procedure required by your health insurer/HMO in order for your child to receive urgent care treatment. For example, must a primary care physician (PCP) be notified to authorize emergency care; are there specific hospitals that must be utilized to comply with your plan? etc. Please explain the procedure clearly.

Please list any allergies or health conditions which may be important in an emergency situation.

Parent/Guardian Signature _____ Date _____