

Middle School Lock-In Permission Form

Form
6153(d)

Parent/Guardian Permission Slip for Extended Day/Overnight Field Trip

Name of Student: _____

Name of Parent/Guardian: _____ Phone: _____

Name of Parent/Guardian: _____ Phone: _____

Trip Information

Parish/School: Shepherd of the Hills and St. Matthew's Date(s) of Trip: Jan. 18-19th

Designated Teacher/Supervisor: Anna Kraus Phone: 920-375-1920

Destination: St. Matthew's School

Activities: Awake O Sleeper Middle School Lock-In

A separate detailed itinerary and parent consent must be provided for high risk activities.

Mode of transportation to and from event: Parents drop off students at destination

Departure Date/Time: Parents drop student(s) off at St. Matthew's Jan 18th 2019 at 8:00pm

Return Date/Time: Parents pick up student(s) at 8:00am

Student cost: Free for SOTH and SMC parishioners, others \$5 Return form by: Friday, Jan. 11

Items students should bring (if any): Journal and a Bible

Parent Consent to Participate and Indemnity Agreement:

In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

I have read the information above and give consent for my child to participate in all aspects of this field trip:

Parent/Guardian Signature _____ Date _____

Yes, I am available to chaperone. I can be reached at _____

Page Two: Extended Day/Overnight Field Trip Medical Release:

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

If you are unable to reach a parent/guardian at the above numbers, contact:

Alternate Contact Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Name of Medical Insurance: _____ Policy #: _____

Pertinent medical conditions, including allergies and special dietary needs: _____

Other Medical Treatment: In the event that the child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, do you grant permission for supervisors to give your child non-prescription medication, such as acetaminophen, throat lozenges, cough syrup, or antacid? **Yes** **No, I wish to be contacted first.**

Medications: List all medications, prescription and over-the-counter, that the student currently takes at home and during the school day. Include all as-needed and emergency medications. Medications not authorized for self-carry must be in original container and given to the designated supervisor.

Medication	Dosage	Route: How given	Frequency	Start Date	Stop Date	Side Effects
1.						
2.						
3.						

Medical Provider Consent: Required for prescription medications listed above.

I authorize the school/parish to give the above prescription medication(s) to this student.

Print Medical Provider Name: _____ **Phone:** _____

Medical Provider Signature: _____ **Date:** _____

Inhaler and Epi-Pen Only: This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. **Yes** _____ **No** _____

Parent Consent for Medical Treatment and Administration of Medication

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. I give the school/parish permission for emergency and other medical treatment, including the administration of the above prescription and non-prescription medication(s).

Parent/Guardian Signature: _____ **Date:** _____

Inhaler/Epi-Pen Only: My child may _____ or may not _____ carry and self-administer.