

CENTRAL CATHOLIC HIGH SCHOOL

300 HAMPSHIRE ST. • LAWRENCE, MA 01841

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PARENTAL CONSENT AND MEDICAL FORM
A STUDENT WILL NOT BE PERMITTED TO PARTICIPATE
WITHOUT THIS COMPLETED FORM

EVENT: Freshman Orientation, Camp Marist, Center Ossippee, New Hampshire

DATE: Friday, September 6, 2019, 7:40am-7:00pm (Parent pick up at CCHS)

STUDENTS MEET AT: Central Catholic High School

1. I request that CCHS take _____ on the above named trip. The student agrees to abide by the rules and regulations established by the trip moderator.
2. Students are expected to behave properly and adhere to the rules. Any violations of specified trip rules and regulations will be dealt with firmly. Any serious violation will result in a student being sent home at the student/parents own expense.
3. The parent/guardian will pay for any damages directly or indirectly caused by the above named student.
4. Students with particular medical conditions or students under medication must bring this to the attention of the trip moderator before the trip.
5. Central Catholic and their representatives are not liable for any accidents or injuries that might occur.
6. The parent/guardian agrees to give permission to the trip moderator to make emergency medical decisions in the event it is necessary and the parent/guardian cannot be reached by phone.
7. I authorize the school official or other trip chaperone, presented with a reasonable suspicion, to search for and seize any item my child may have that violates a criminal law or school rule or provides evidence of a criminal law or school rule violation.
8. I understand that in the event of an illness or injury during the trip, every effort will be made to contact me. In the event I cannot be reached; I hereby give permission to the physician elected by the trip moderator to secure proper treatment which may include hospitalization, anesthesia, surgery, or injection of medicine for my child.

I have carefully read and examined and agree with all sections of the Parent Consent & Medical Form.

My child has the following allergies that the Orientation Leaders should be aware of:

MEDICAL POLICY NAME

MEDICAL POLICY NUMBER

HOME ADDRESS

HOME PHONE NUMBER

PARENT/GUARDIAN PHONE NUMBER

EMERGENCY NAME & NUMBER

SIGNATURE OF PARENT/GUARDIAN

THIS SIGNED FORM MUST BE RETURNED TO THE HOMEROOM TEACHER ON THURSDAY, SEPTEMBER 5.