Student No: _____ Section: _____

bshs
Bishop Shanahan High School
Downingtown, PA

We (I) as parent(s) or legal guardian(s) of _____ give permission for our child to participate in:

Field Trip: _____ Date of Trip _____

This permission includes all related programs or events associated with the field trip.

In consideration for our(my) child's participation, we(I) and my(our) child agree and understand that we assume the risks inherent in field trip, and with full knowledge of the risks, we agree to release and hold harmless Bishop Shanahan High School, and the Archdiocese of Philadelphia and their employees and representatives, from claims arising or related to our(my child's participation.

Our(my) child understands and agrees to abide by all rules and regulations established by the school pertaining to such field trip.

We also consent to and give permission for emergency medical care for our(my) child that may be needed as a result of my(our) child's participation:

Insurance: _____

Group #: _____

I.D. #: _____

_____ _____
Student Signature Date

_____ _____
Parent(s) /Guardian(s) Signature Date

_____ _____
Parent(s)/Guardian(s) Signature Date

Bishop Shanahan High School
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PARENTAL PERMISSION & RELEASE FORM

Please complete and return this form by: ____/____/_____

My Child, _____, has my permission to participate with_____

(Event / Activity)_____

(Place)_____

(Date)_____

(Arrival time) _____ (Pick up time) _____ (Cost) _____

(Chaperone name & phone #) _____

(Transportation) _____

(Activity details) _____ _

I hereby agree to indemnify and hold harmless Bishop Shanahan High School, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

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

MEDICAL RELEASE

To Whom It May Concern:
As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for in the event of medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for ___/____/_____. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

(Please notify the office whenever there is a change in medical/insurance information on file in the office.)

_____ _____/_____/_____

Name of Parent Date

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MEDICAL INFORMATON & LIABILITY RELEASE

Please print and complete all areas.

Name _____ Birth Date _____/_____/_____
First *Initial* *Last*

Address _____
Street *City* *State* *Zip*

Home Phone _____ Cell Phone _____

EMERGENCY TELEPHONE NUMBERS:
Phone Numbers where our moderator can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/legal Guardian: Cell _____ Work _____

Emergency Contact: Name _____ Phone _____

MEDICAL INSURANCE CARRIER:
Parent/Guardian's Insurance Group Name _____

Insurance Group Number _____

MEDICAL INFORMATION:

- Family physician's Name _____ Phone_____
- Date of last tetanus shot : _____
- 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: _____
- My child has permission to be given Tylenol or Ibuprofen if they request it.
  ◯ Yes ◯ No

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless Bishop Shanahan High School, the Archdiocese of Philadelphia and it's officers, employees, and volunteer staff from any liability.

_____ Date _____/_____/_____
Signature of Parent or Legal Guardian

THIS FORM MUST BE RETURNED FOR REGISTRATION TO BE COMPLETED