

ST. JOSEPH HIGH SCHOOL
FIELD TRIP/MEDICAL PERMISSION SLIP

**PLEASE NOTE: ALL STUDENTS MUST BE ACADEMICALLY ELIGIBLE AND ALL FINANCIAL ACCOUNTS
MUST BE IN GOOD STANDING IN ORDER TO PARTICIPATE IN A FIELD TRIP.**

NAME OF STUDENT _____ SEX (M/F) _____ HOMEROOM _____

DATE OF BIRTH _____ HOME PHONE _____ PARENTS CELL _____

STUDENT CELL _____ DATE(S) OF TRIP 10/23/26

DESTINATION/EDUCATIONAL NATURE OF TRIP Six Flags, MA

MODE OF TRANSPORTATION BUS PERIODS INVOLVED _____

NAME OF PARENT/GUARDIAN _____ BUSINESS PHONE _____

NAME OF PARENT/GUARDIAN _____ BUSINESS PHONE _____

EMERGENCY CONTACT INFORMATION

1. NAME _____ PHONE _____ 2. NAME _____ PHONE _____

RELATION TO STUDENT _____ RELATION TO STUDENT _____

PARENTAL APPROVAL/RELEASE OF LIABILITY/MEDICAL RELEASE

I request that my son/daughter _____ be allowed to participate in _____.
I understand that this will result in the possible loss of classroom instruction and that it is the responsibility of my child to make
up the work that is missed.

In consideration of my son/daughter being permitted to participate in this activity, I agree to hold harmless and indemnify the
school/or its agent (s), and the Diocese of Bridgeport for any injuries or damages which may occur both during transit and
participation in the activity described above. _____

(Signature of Parent/Guardian)

MEDICAL INFORMATION:

If your child has any special medical conditions (s), physical limitations, allergies, handicap, dietary needs, special prescriptions,
etc., that the sponsor of this trip should be aware of, please list: _____

As a parent or legal guardian of _____, I hereby request and grant permission that
(Student's Name)

Colleen Rata K
Lekana Rata K of St. Joseph High School authorize any necessary emergency medical/dental
(Supervisor's Name)

treatment recommended while _____ is in the supervisor's care during the above referenced
(Student's Name)

activity. I hereby agree to hold harmless and indemnify the activity. I hereby agree to hold harmless and indemnify the activity
supervisor and St. Joseph High School and the Diocese of Bridgeport from any claim that such treatment was performed without
my permission.

Date _____

Signature of Parent/Guardian

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