



FIELD TRIP FORM

***If this form is not returned prior to the field trip, the student will not be allowed to go.**

Date	Purpose / Location	Transportation
10/13/10	FRESHMAN Retreat	Bus / Van
10/05/10	SOPHOMORE Retreat	Bus / Van
09/30/10	JUNIOR Retreat	Bus / Van
09/28/10	SENIOR Fall Retreat	Bus / Van
05/18/11	SENIOR Spring Retreat	Bus / Van
09/24/10	ALL SCHOOL Service Morning ... Various Locations	Car / Bus / Van
10/14/10	ALL SCHOOL Diocesan Mass at Resch Center – Green Bay	Bus / Van
10/21/10	ALL SCHOOL Fox Cities Performing Arts Center	Bus / Van
02/02/11	ALL SCHOOL TCCES Catholic Schools' Week Mass	Bus / Van

Student Name: _____

Address: _____

Will the student be requiring any medication while on the field trip? ____ If yes, please provide the necessary times and instructions for administering medication. The teacher must carry the medication.

I hereby request and give permission for my son / daughter to participate on the field trips as listed above. He / she is adequately covered by insurance for any injury that he / she might sustain. I have discussed this with my spouse (if appropriate) and we both hereby release St. Mary Central High School and the persons in charge of these outings from any liability in connection with the same.

Parent Signature _____

Phone# _____

Date _____

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia or surgical treatment for my minor son / daughter _____ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s), and nursing personnel within the physician's staff. I release from medical responsibility and liability the hospital, physician(s), and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Parent Signature _____

Date _____