

HERMON HIGH SCHOOL
Field Trip
Permission Slip/Medical Authorization

Brian M. Walsh
Principal

Stephanie Biberstein
Assistant Principal

This is to confirm that _____ has my permission to go to _____ on _____ (date)

In case of an emergency (medical or otherwise), I give the chaperones permission to represent me (and my child) in lieu of myself (legal guardian).

Signature of Parent/Legal Guardian _____

Home Phone # _____ Work Phone # _____ Cell# _____

If an emergency situation should occur during this trip and I cannot be reached:

1. _____
First Contact Person Phone # _____
2. _____
Second Contact Person Phone # _____

MEDICAL AUTHORIZATION

I hereby authorize _____ to consent to medical treatment
Name of chaperone

for my child, _____, should an emergency arise and should I not be readily available to give such consent. I will not hold any medical facility responsible for the consequence of exercising this power, so long as such employees act in good faith with the best interests of my child in mind. I expect to be informed of my child's condition and of the treatment provided as soon as possible.

I further consent to any treatment by any hospital or physician which in (its/his/her) judgment is in the best interest of the child. I will not hold any hospital or physician responsible for the consequences of accepting my child for treatment upon receiving the consent of :

BOTH PARENTS SHOULD SIGN IF POSSIBLE

This authorization expires on: _____ Child's Date of Birth _____
Insurance Name & Certificate # _____
Group # _____
Date of last tetanus: _____
Doctor's Name _____ Tel#: _____
Medical conditions or any allergies: _____