

JOHN XXIII CATHOLIC ELEMENTARY SCHOOL
PERMISSION FORM FOR FIELD TRIPS

My child _____ has my permission to (walk) (travel by private car or bus) to and from _____ on _____, _____
Date Day

In case of emergency, please contact:

_____ at _____, or
Name of Person Phone #

_____ at _____
Name of Person Phone #

In the event reasonable attempts to contact any of the above have been unsuccessful, and my child requires emergency medical treatment, I hereby give my consent for:

Administration of any treatment deemed necessary by _____
Physician's Name

Physician's Phone #

As well as the transfer of my child to _____ Hospital or the nearest hospital which is reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of the surgery.

_____ Date _____ Signature of Parent or Guardian

_____ Yes, I can drive. Name of parent driving _____

_____ # of children I can take. _____
Name of Insurance Company

CAR TYPE _____
Year Make Model Color

LICENSE # _____ CELL/CAR PHONE # _____