

St. George's Independent School  
Field Trip Permission/Medical Release Form  
2017-2018

**PLEASE RETURN BY August 4, 2017**

Student's Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

I (we) hereby give permission for my child to travel on school-sponsored field trips for the 2017-2018 school term. **If my child is between 4 and 8 years old and measures less than five feet (5') in height, I am responsible for providing a belt-positioning booster seat for my child on the school-sponsored field trips. If the child is not between age 4 and 8, but is less than five feet (5') in height, he/she must still use a seat belt system meeting federal motor vehicle safety standards. I am responsible for informing St. George's that my child follows within this height requirement.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Medical Release**

I (we) hereby give permission for an agent of St. George's to authorize treatment (emergency) for my child, \_\_\_\_\_, should it be impossible to contact me (us). I understand that continuous efforts will be made to contact me (us).

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

Emergency Phone: \_\_\_\_\_

Other: \_\_\_\_\_

**Emergency Information**

Special medical information: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Student's physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Student's dentist: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance information: \_\_\_\_\_

Hospital preference in case of emergency: \_\_\_\_\_