

Offsite field trip permission slip

ST. GABRIEL'S YOUTH EVENT

5271 Clinton St., Elma, NY 14059

Jean Czerniak, Youth Director Anna Updike, Assistant

716-668-2070 jczerniak@stgabeschurch.com

Please complete this form that will accompany your child on this youth event. This information is necessary should we need to contact you while we are away from the parish. No student will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will accompany the youth leader on the trip.

Permission is granted for :

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address:

Phone #:

Emergency Phone #:

Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.

Student's Date of Birth

Allergies:

Conditions requiring special consideration (medical/physical):

Does your student require: (A) **EpiPen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration):

PLEASE SPEAK TO MRS. JEAN DIRECTLY regarding any medications or special needs your student may have. THIS INFORMATION WILL REMAIN CONFIDENTIAL. IT WILL STAY WITH THE YOUTH LEADER ON THE DAY(S) OF THE TRIP:

Primary contact name

Relationship to student:

Phone #:

Work Phone #:

Cell Phone#:

Secondary contact name

Relationship to student:

Phone #:

Work Phone #:

Cell Phone#:

Student's Physician:

Phone #:

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

HEALTH INSURANCE INFORMATION:

Company Name:

Policy #:

Group #:

Parent/Guardian Name:

Date:

(PLEASE PRINT)

Parent/Guardian Signature: