

PARENTAL CONSENT FOR TRIP SPONSORED BY McDONOUGH HIGH SCHOOL

Student's Name: _____ Date of Trip: _____
(Last) (First) (Middle)

Teacher, Coach, Sponsor: _____ Mode of Transportation: _____

Time of Departure: _____ Time of Return: _____ Cost per Pupil: _____

Purpose of Field Trip: _____

EMERGENCY MEDICAL/CONTACT INFORMATION

(Please Print)

Parent/Guardian Names: _____ Home Phone # (_____) _____

Address: _____ Mother's Work # (_____) _____

_____ Cell # (_____) _____

Date of Birth _____ Grade _____ Age _____ Pager# (_____) _____

Father's Work # (_____) _____

Family Doctor: _____ Cell # (_____) _____

Doctor's Phone # (_____) _____ Pager # (_____) _____

List two neighbors or nearby relatives who have your permission to assume temporary care of your child if you cannot be reached.

Name: _____ Phone # (_____) _____

Address: _____ Work # (_____) _____

Name: _____ Phone # (_____) _____

Address: _____ Work # (_____) _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school representative to arrange transportation to and treatment of my child at the emergency room of the nearest hospital, or if outside the country, to the nearest facility where medical treatment is available.

List any allergies that your student has: _____

List any medical conditions the school needs to be aware of: _____

List medications that your student takes on a regular basis: _____

Medical Insurance Carrier/Company: _____ Policy # _____

PARENTAL/GUARDIAN CONSENT

I hereby give my consent for the above arrangements.

Parent/Guardian Signature: _____ Date: _____

(Please Print Name: _____)