

PLEASE PRINT

BALDWIN-WHITEHALL SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM

Group (Class or Activity)

MINI-THON

GASER/YONKINS/SIMCHO/HARRISON

Teacher(s)/Sponsor(s)

BABIK/DOLAK/BARTUS/SPROUSE/MICHALSKI/MURMAN/GRAFF/

Destination of Field Trip

BHS GYM

Date(s) of Field Trip

FRI 3/15 - SAT 3/16

Departure Time

6 pm

Return Time

6 a.m

Method of Transportation

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STUDENT INFORMATION

Student's Name

Date of Birth

Family's Home Phone Number

Cell Phone Number

Father's Work Number

Mother's Work Number

Person to call if neither parent can be reached

Phone

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of a medical emergency, I authorize school personnel to make arrangements for and consent to emergency medical services for my child including but not limited to consultation with healthcare providers and admission to any hospital or other healthcare facility. I also authorize and consent to the administration of all medical/surgical procedures considered necessary or appropriate by any physician or other healthcare provider attending my child. This authorization shall remain effective until such time as I am able to effectively communicate healthcare decisions about my child directly with the attending healthcare providers.

Doctor's Name

Doctor's Phone Number

Describe student's allergies, special factors, current medications:

Does student have health insurance coverage?

Yes

No

Health Insurance Provider's Name

Policy/Certificate #

Group #

Name Insured/Policyholder:

RELEASE AND HOLD HARMLESS AGREEMENT

We agree that the Baldwin-Whitehall School District and its officers, directors, employees and representatives shall not be liable for, and we release, exonerate and hold them harmless from all claims, actions and liabilities of every kind because of personal injuries sustained by our child, and property damage, expense or other loss sustained by us, in connection with our child's participation in this school sponsored activity. We make this agreement intending to be legally bound.

Parent/Guardian Signature

Date

Print Parent/Guardian Name