



FIELD TRIP

PARENTAL/GUARDIAN CONSENT FORM and LIABILITY WAIVER

Student Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

I, _____, grant permission for my son/daughter, _____, to participate in this activity or event that requires transportation to a location away from the school. This activity will take place under the guidance and direction of school employees and/or volunteers from *Don Bosco Cristo Rey High School*.

A brief description of the activity follows:

Event: SHAKESPEARE PERFORMANCE OF JULIUS CAESAR

Destination: THE SHAKESPEARE THEATER COMPANY'S SIDNEY HARMAN HALL
610 F STREET, NW, WASHINGTON, DC 20004

Adult Supervisor: MS. SCHLEICHER, AND 9 ADDITIONAL CHAPERONES

Date/Time of Departure: FRIDAY, SEPTEMBER 2, 2011, 7:15 PM

Date/Time of Return: FRIDAY, SEPTEMBER 2, 2011, 11:00 PM

Type of Transportation To and From Event: STUDENTS WILL PROVIDE THEIR OWN METRO TRANSPORTATION TO AND FROM THE EVENT.

As parent and/or legal guardian, I remain legally and financially responsible for any personal actions taken by the above named minor ("student participant").

I agree on behalf of myself and my son/daughter to hold harmless *Don Bosco Cristo Rey High School* and its representatives from any claim (including a claim or illness or injury) related to my son/daughter participating in this activity

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my son/daughter to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

Emergency Contact Name: _____

Relationship to Student: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Insurance Carrier: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

Medication

My son/daughter is not taking medication at present.

My son/daughter is taking medication at present. My son/daughter will bring such medications with him/her and will be labeled appropriately. Please list medications and directions including dosage and frequency of dosage below.

Medicines/Directions for Student: _____

Parent/Guardian Signature: _____ Date: _____

Non-prescription Medication

I hereby grant permission for non-prescription medication (such as acetaminophen/Tylenol or ibuprofen/Advil, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Parent/Guardian Signature: _____ Date: _____

Specific Medical Information

Don Bosco Cristo Rey will take reasonable care to hold the following information in confidence.

Allergic reactions (medicine, foods, plants, insects, etc.): _____

Date of last tetanus/diphtheria immunization: _____

Medically prescribed diet? _____

Physical limitations? _____

Other medical conditions? _____