

St. Francis H.S. Service Permission/Medical Release Form

We/I hereby give _____ permission to participate in the St. Francis High School Service Day/Retreat on _____.

We/I understand that this is a school activity and that all school policies apply. We/I understand that if he/she violates school policy, civil law, or leaves the retreat center property without the knowledge and permission of an adult leader, he/she will not be able to complete the service or retreat and will be sent home. We/I agree to arrange for him/her to be transported home at our expense.

We/I understand that students will travel by bus or van to and we/I give permission for this method of transportation.

In consideration for the making of arrangements for this trip, we/I hereby release and save harmless St. Francis High School and all its employees from any and all liability arising to our/my son/daughter as a result of the service day/retreat.

MEDICAL RELEASE

Our permission is hereby given to the representative of the school authorize, by his/her signature whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medication emergency involving:

Please print

Student's name _____

Birth date _____ Place of birth _____ city/state _____

Address _____ City _____ Zip _____

Parent/Guardian name _____

Home phone _____ Cell phone _____

Dad's work phone _____ Mom's work phone _____

Emergency contact (if parents cannot be reached) _____

Phone _____ relationship to student _____

Insurance company _____ Plan # _____

Family physician _____ Phone _____

Allergies, reactions, medical conditions _____

I understand and agree to the above information

Parent/Guardian signature _____