

School Activity / Field Trip Parental/Guardian Consent Form and Liability Waiver

Dear Parent(s)/Guardian(s):

Your son or daughter is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the supervision of employees of

St. Henry District High Se	chool						
The following is a brief descr	iption of the activity:						
Curriculum Goal:	Summer College Bus Tour						
Destination:	Ohio and Indiana Univ	Ohio and Indiana Universities					
besignated Supervisor(s):Billy Sarge + SHDHS Staff							
Date/Time of Departure:	Monday, June 5, 202	3					
Date/Anticipated Time of Retur	n:Wednesday, June 7, 2	2023					
Method of Transportation:							
Classes missed (to be initialed b	y each teacher involved).		_x	x		_x	
		X	X	<u> </u>	X	X	
Student Cost: \$300.00 (non-	refundable)						
I hereby request that my child, described above. I understand transportation and that my chil	I that this activity will take	place awa	y from the esignated se	e school gro chool person	unds, that th nel. I realize a	ne school will and agree to in	arrange Idemnify
involved or any injury to my chi activity, including the method o	ld that may occur in connection						
I recognize that I remain fully re	esponsible for any legal liabilit	y resulting	from perso	onal action by	my child.		
Witness my signature this	day of				2	023	
Fa	ather/Guardian						
N	lother/Guardian						
A	ddress:						
Er	mergency Phone Number						
My son/daughter 🖵 has 🔲 d My son/daughter 🖵 has 🔲 d					(initial) (initia		•
STUDENT PARTICIPANT							

I understand that I am subject to the rules of conduct specified by the school and I agree to abide by them as well as the directions of the designated supervisors of this activity.

Signature of Student Participant

Continued...

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those that apply.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child 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 phone numbers, contact:

Name and Relationship	Phone				
Family doctor	Phone Policy# Date				
Family Health Plan Carrier					
Signature					
Other Medical Treatment: In the event it comes to the attention of Diocese of Covington chaperones, or representatives associated with headache, vomiting, sore throat, fever, diarrhea, I want to be called (a	the activity, that my child becomes ill with symptoms such as				
Signature	Date				
Medications: My child is taking medication at present. My child will will be well-labeled. Names of medications and concise directions dosage and frequency of dosage, are as follows:					
Signature	Date				
No medication of any type, whether prescription or non-prescription threatening and emergency treatment is required.	, may be administered to my child unless the situation is life-				
Signature	Date				
I hereby grant permission for non-prescription medication (i.e., non- lozenges, cough syrup) to be given to my child, if deemed appropriate					
Signature	Date				
Specific Medical Information: The school will take reasonable c confidence.	are to see that the following information will be held in				
 Allergic reactions (medications, foods, plants, insects, etc.) _ Immunizations: Date of last tetanus/diphtheria immunization 	n:				
Does child have a medically prescribed diet? Yes No					
Any physical limitations: 🛛 Yes 📮 No					
Is child subject to chronic homesickness, emotional reactions to new s Has child recently been exposed to contagious disease or conditions, s					
If Yes, provide date and disease or condition					
You should be aware of these special conditions of my child:					