

Delbarton School Field Trip Permission Slip With Medical Release 2010-2011

This form must be signed by parent and returned to school before the trip

Field Trip: _____ Date of Trip _____

Faculty Member Sponsoring Trip: _____

Time/Place of Departure: _____ Arrival back at Delbarton: _____

MEDICAL RELEASE

I give my permission for _____
(Students full name – please print) (Grade)

to attend the above trip, and authorize any medical treatment in my absence, for the well-being of the student, in case of an emergency. I agree to hold harmless Delbarton School, its employees and agents, and the physician or hospital treating my son, exclusive of negligence, from any injury or sickness occurring during this trip.

CONTACT INFORMATION

Print Clearly

Name of 1st Emergency Contact:

Name of 2nd Emergency Contact:

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

MEDICAL INSURANCE

Name of Company: _____

Policy Number: _____

Group Number: _____

Please list any special medical or physical needs, medical conditions, or allergies the chaperones should be aware of. I understand if my child requires an inhaler/epipen that he is responsible for taking it with him on the trip.

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Date: _____ **Signature of parent or legal guardian:** _____