

## **Authorization for Participation in a Field Trip**

### **PART I: To be completed by sponsoring school organization/department/activity.**

Saint Ignatius College Prep, 1076 W. Roosevelt Road, Chicago, will sponsor a field trip.

Sponsor is \_\_\_\_\_

on \_\_\_\_\_ 20\_\_.

Supervisor of this outing is: \_\_\_\_\_

Destination and purpose of this trip is: \_\_\_\_\_

Charges to be paid by the student for this outing are: \_\_\_\_\_

### **PART II: To be signed by the student.**

**I wish to participate in the outing described above. If I am permitted to go, I promise to observe the applicable school rules and the directions of those in charge.**

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**(Over)**

**Part III: To be completed and signed by student's parent(s)/guardian(s).**

The undersigned grants permission to the designated representative of Saint Ignatius College Prep to authorize that emergency medical treatment considered necessary by qualified medical personnel for the student whose name appears below. The authorization is for school days and at school sponsored events as stated in the school insurance policy while the student is in attendance at Saint Ignatius College Prep. It is understood that every effort will be made to contact the parents/guardians immediately when an emergency occurs.

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Student Medical Conditions/Allergies: \_\_\_\_\_

Student Current Medications: \_\_\_\_\_

Student Home Address: \_\_\_\_\_

Parent/Guardian Home Phone #: \_\_\_\_\_

Relative/Friend Emergency Contact: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

I have read and understand all three parts of this form. \_\_\_\_\_ is hereby given my permission to participate in the activity described above. I further authorize Saint Ignatius College Prep to change this activity, or even cancel it, if such change or cancellation appears necessary or desirable in the judgment of an appropriate official of the school, provided such a change or cancellation does not materially increase the expenses of the student or his/her parents or guardians set forth above, and provided also that any changes do not notably affect the character of the activity. My permission is given with the additional understanding that the school's accident insurance is applicable.

My child has permission to travel to and/or from this activity as indicated below by my initials on the appropriate line or lines below: (initial all for which you grant permission)

\_\_\_\_\_ With a coach, faculty member, or representative of Saint Ignatius in a school vehicle or school procured vehicle.

\_\_\_\_\_ In a privately owned vehicle of a coach, faculty member, or representative of Saint Ignatius

\_\_\_\_\_ In another student's vehicle

\_\_\_\_\_ Driving our family car

\_\_\_\_\_ I grant permission for my student to transport other students in our family car

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date