DARIEN PUBLIC SCHOOLS
EMERGENCY CARD / PERMISSION SLIP
New Orleans Trip – 3/30 – 4/2 2017

EC/PS

INSTRUCTIONS: This is a 'Type-On' form. You can use your computer to fill in as much information as possible. Then print and sign or have signed, then submit. Tab to information areas or click in the information cells and enter information.

Student's Name

last *first* *middle* *Date of Birth* *Home Phone*

Address *Parent E-mail checked daily* (Helpful/not required)

List at least 4 and number 1st, 2nd, 3rd, 4th to call for illness or emergency. Work town is to know where you are in a disaster.

Mother					
	name	*home phone*	*cell phone*	*work phone*	*work town*
Father					
	name	*home phone*	*cell phone*	*work phone*	*work town*
Other					
	name	*home phone*	*cell phone*	*work phone*	*work town*
Other					
	name	*home phone*	*cell phone*	*work phone*	*work town*

Family Physician: _____ Phone _____

Family Dentist _____ Phone _____

	No		Yes	**Allergic to:** _____ Usual treatment _____
	No		Yes	**Medications** (taken at school or home) _____ Used for: _____
	No		Yes	**Other health issue(s)** which may affect student in school, sports, or on field trips

EMERGENCY MEDICAL AUTHORIZATION:

1. If reasonable attempts to contact me or the other names listed have been unsuccessful:

	I DO give my consent for the administration of any emergency treatment necessary by the available medical personnel. This consent does not cover major surgery unless the medical opinions of two other licensed physicians or dentists are obtained prior to the performance of such surgery.

OR

	I DO NOT give my consent for any emergency treatment for my child.
	In the event of illness or injury requiring emergency treatment, I wish the school authorities to:

Printed Name of Parent or Guardian *Signature* *Date*

PARENT(S) PERMISSION FOR FIELD TRIP

I give my permission for my son/daughter _____ to attend on _____

I understand the nature and purpose of the trip and the mode of transportation and shall not hold the school responsible for any accident or incident that occurs beyond the reasonable supervisory expectation which will prevail via adult chaperoning. I recognize that students who are in violation of school rules may be required to withdraw from the trip. In the event of group violations, the entire trip may be terminated.

(Signature, parent/guardian) *(Date)*

STUDENT ACKNOWLEDGEMENT

As a Darien Public School student I realize that all school rules apply on school Field Trips. Specifically, I am aware of the Board of Education's Drug and Alcohol Policy and the consequences for its violation.; (First offense: Suspension up to ten days: notification of parents and police. Second offense: Suspension for ten days: notification of parents and police: Superintendent's inquiry into expulsion).

(Signature, student) *(Date)*

PARENT(S) PERMISSION FOR STUDENT TO USE OTHER TRANSPORTATION

I also give permission for my son/daughter/ward to ride in an automobile driven by others, including, but not limited to another student to this activity. I understand that there are risks inherent in any mode of transportation, and on behalf of my child or ward and myself, I hereby knowingly, and freely assume full responsibility for my child or ward's riding with any other persons to this activity. I understand that the Darien Public Schools will have no responsibility for supervision or care of my child or ward during such transportation, and I hereby release the Darien Board of Education, and its agents, employees from any and all claims arising out of such transportation. I have read this agreement, fully understand its terms, and sign it freely and voluntarily.

(Signature, parent/guardian) *(Date)*