

**Catholic Schools of the Diocese of Amarillo  
Field Trip & Medical Waiver Form 2018-2019**

During the school year there is a need, on occasions, to transport students to school-related events. Events may include but are not limited to: athletic contests, field trips, music contests, club luncheons, TAPS and PSIA contests. When school transportation is provided, the following guidelines will be followed:

1. Parents will be notified about the trip in advance.
2. Transportation will be by bus, unless parents are notified otherwise.
3. Field trips should be completed and students returned to campus in time for normal school dismissal. However, extended trips will require parents to be responsible for picking their children up at school.

By signing the form below, you are giving our permission for your child to ride to and from school-related events during the **2018-2019** school year. This will eliminate the need to send a permission slip for parents to sign each trip.

My child, \_\_\_\_\_, has permission to ride to school related events subject to the rules stated above during the 2018-2019 school year.

\_\_\_\_\_  
**Parent or Guardian Signature**

**Phone** (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ **Cell** \_\_\_\_\_

.....  
**EMERGENCY INFORMATION**

Do we have your permission to secure, at your expense, emergency care for the above student in the event such care is deemed necessary and you cannot be reached immediately?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

**If parent cannot be contacted please call:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

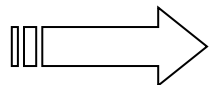
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

The above student is my child, and is now under my control and custody. I consent for my child to go on any and all trips, and participate in any and all activities, along with other students from the Catholic Schools of the Diocese of Amarillo during the **2018-2019** school year. I understand that this student will be chaperoned both en route to and while at these activities, and the normal precautions will be taken in the interest of the student's safety and well-being. I hereby authorize officials of the Amarillo Catholic Schools to seek medical attention as deemed necessary in an emergency for my child in my absence by a physician or hospital. Furthermore, I will not hold the Catholic Schools of the Diocese of Amarillo financially responsible for the emergency care of my child.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Please Complete both sides!**



Catholic Schools of the Diocese of Amarillo  
Student Health Information 2018-2019

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

Please feel free to attach a copy of the card rather than filling out this section:

- Insurance Information: \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Insured ID#: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_

- Student Medical History  
Does your child have a health problem? (check where appropriate)  
ADD/ADHD\_\_ Asthma\_\_ Allergies\_\_ Anemia\_\_ Diabetes\_\_ Epilepsy\_\_ Hearing\_\_  
Heart\_\_ Kidney\_\_ Orthopedic\_\_ Scoliosis\_\_ Vision\_\_ Glasses/Contacts\_\_  
Other(specify) \_\_\_\_\_  
\_\_\_\_\_

Medication Currently Taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we notify our staff of the above health problem(s)? Yes\_\_ No\_\_

Date of last Tetanus Immunization: \_\_\_\_\_

List any treatment that you would NOT be willing to authorize:  
\_\_\_\_\_

*If your child will require prescription or non-prescription medication at school, please make arrangements with the School Health Aide.*

- \_\_\_\_\_ Date

**Please Complete both sides!**

