

**ST. LUKE'S EPISCOPAL SCHOOL
EMERGENCY & FIELD TRIP AUTHORIZATION**

Teacher _____
2008-09 Grade _____

Student _____ Mother _____ Father _____

Date of Birth _____ Address _____ Address (if different) _____

Sex _____ M _____ F _____

Please note any **SPECIAL NEEDS OR PROBLEMS** your child has of which the school should be aware (include existing illnesses, previous serious illness and/or injury or hospitalization during the last 12 month, and significant allergies to medications, insects, inhalants). **Check appropriate box:** No special needs or problems Yes, the special need or problems are (please list): _____

Is your **child taking any medication** (prescribed and/or over-the-counter) on a regular basis (**indicate dosage and frequency**)? **Check appropriate box:** Not taking any medications on a regular basis. Yes, taking medication(s) on a regular basis (please list medication(s), dosage and frequency): _____

FIELD TRIP AUTHORIZATION

_____ (**child's name**) has my permission to go with his/her class on field trips and class-sponsored activities. I understand that all such off-campus activities will have the approval of the administration and the teacher. I further understand that I shall supply, in writing, approval for my child to leave field trip events with chaperons, other than the classroom teacher, to return to school or home earlier than scheduled. **I shall in no way hold St. Luke's Episcopal School responsible for any injury or accident occurring during such occasions.**

Mother's Emergency Contact Information:

Home Phone # _____
Work Phone # _____
Cell / Mobile # _____
Pager # _____
E-Mail _____
Fax # _____

Father's Emergency Contact Information:

Home Phone # _____
Work Phone # _____
Cell / Mobile # _____
Pager # _____
E-Mail _____
Fax # _____

MY CHILD MAY BE RELEASED TO THE FOLLOWING PERSONS ONLY and IN CASE OF AN EMERGENCY AND THE PARENTS CANNOT BE REACHED THE FOLLOWING PERSONS SHOULD BE CALLED (include parents' names as appropriate):

1) _____	relation _____	cell # _____	home # _____	work # _____
2) _____	relation _____	cell # _____	home # _____	work # _____
3) _____	relation _____	cell # _____	home # _____	work # _____
4) _____	relation _____	cell # _____	home # _____	work # _____
5) _____	relation _____	cell # _____	home # _____	work # _____
6) _____	relation _____	cell # _____	home # _____	work # _____

Physician _____ Physician Office # _____ Preferred Hospital: Name _____

However, in case of emergency, I authorize St. Luke's Episcopal School to seek emergency treatment for my child and to arrange transportation to the **nearest** facility.

Parent / Guardian Signature

Date