

Student Name _____
Grade _____
Date _____

Allergy Information

In the event that none of the persons listed as an emergency contacts cannot come or will not come and assume responsibility for my child, the school is authorized to transport my child by ambulance, at my expense, to the emergency room at _____ Hospital and/or contact Doctor _____ whose phone number is _____ for instructions.

Has your child suffered from serious illness or injury? If yes, please explain.

Please provide the school with any medical/allergy information about your child that the school should know.

Photo Release

I give Sr. Thea Bowman Catholic School permission to photograph my child(ren) for media release purposes only. (Website, Newsletters, any articles pertaining to media release)

I do not give Sr. Thea Bowman Catholic School permission to photograph my child(ren) for media release purposes only. (Website, Newsletters, any articles pertaining to media release)

Parent/Guardian (print)

Parent/Guardian Signature

Field Trip Permission

I request and consent that my child or ward _____ be permitted to participate in any and all field trips this year. (Parents will be notified prior to each trip.) I understand that the trips are part of the educational program of the school, and that my child or my ward may be accompanied by the teacher, another school official or by a volunteer parent. I agree that no teacher or other school official or volunteer will be held responsible for any injuries or damages occurring on such trips. I understand that if these terms are not acceptable, I may personally transport and supervise my child or ward on the field trips.

Parent/Guardian (print)

Parent/Guardian Signature