



REQUIRED

St. John Paul II Classical School

Note: For legal reasons, this form must be completed every year for **each student**.

FIELD TRIP PERMISSION SLIP AND MEDICAL RELEASE 2025-26

FAMILY NAME: _____

STUDENT'S NAME: _____

ADDRESS: _____

INSURANCE CO: _____ POLICY #: _____

I hereby give permission for my son/daughter to participate in any and all field trips sponsored by St. John Paul II Classical School for the 2025-26 school year. He/She is adequately covered by insurance for any injury that he/she might sustain. I release St. John Paul II Classical School and the person in charge of this field trip from any liability in connection with the same.

PARENT/GUARDIAN SIGNATURE

DATE

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia, or surgical treatment for my minor son/daughter _____ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel with the physician's staff. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical consent form which such medical providers deem necessary for my minor child.

Valid from August 25, 2025 through June 5, 2026

PARENT/GUARDIAN SIGNATURE

EMERGENCY PHONE #