



**REQUIRED**  
**NOTRE DAME OF DE PERE**  
**Note: For legal reasons, this form must be completed every year for each student.**  
**FIELD TRIP**  
**PERMISSION SLIP AND MEDICAL RELEASE**  
**2017-2018**

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 Notre Dame of De Pere for the 2016-2017 school year. He/She is adequately covered by insurance for any injury that he/she might sustain. I release Notre Dame of De Pere 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 31, 2017 through June 30, 2018**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
EMERGENCY PHONE #