



Newark Catholic High School Athletic Field Trip Permission

Parent/Guardian:

Newark Catholic takes all reasonable steps to provide safe and educational experiences for its students. However, the students must assume personal responsibility for their behavior. If you feel that your student will not assume this responsibility, please contact the school before completing this form.

STUDENT _____ GRADE _____

EVENT AND LOCATION All Sports' Teams Events for the current school year

DATE as scheduled TIME leaving _____ TIME returning _____

NC uniform _____ Dress Attire _____ Casual(appropriate) _____

Cost to Student _____ Date Due _____

ADULT IN CHARGE coach/advisor of sport Student/Chaperone Ratio _____

- My son/daughter may participate in the activities listed above. Yes _____ NO _____
- My son/daughter may travel in school-provided transportation. Yes _____ NO _____
- My son/daughter may travel in a student-driven vehicle, Yes _____ NO _____
containing other students, with adult-driven lead & follow-up cars.

STUDENT and ADULT DRIVERS need to complete this section:

- a) I have a valid Ohio Driver's License. Yes _____ NO _____
- b) My vehicle has a valid Ohio Registration. Yes _____ NO _____
- c) My vehicle is insured for at least \$100,000 per person/
\$300,000 per occurrence. Yes _____ NO _____
- d) Student drivers must list any moving traffic violations incurred in the last year in the space given:

I certify that the information given in this section is true. I understand that I must inform all occupants that wearing a seat belt is required. I will follow all driving directions given by the teacher in charge and will only permit persons assigned to my vehicle by this teacher to ride with me.

Unless stated otherwise on this form all trips begin and end at Newark Catholic. Drivers are responsible for transportation to NC parking lot for drop-off and pick-up. At no time will any student be allowed to make a trip until this form has been completed and returned to school. The parent/guardian signature below denotes agreement with all parts of this form.

Please complete Emergency Medical Information reverse side
revised: 10-14-96

DO NOT FOLD EMERGENCY MEDICAL AUTHORIZATION

Newark Catholic High School

STUDENT _____ DOB _____

ADDRESS _____ CITY _____

TELEPHONE (res) (_____) _____ (work) (_____) _____

HEALTH INSURANCE _____ CODE (if needed) _____

Purpose - To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

Part I or Part II MUST be completed

PART I (to grant consent)

Facts concerning the student's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

In the event reasonable attempts to contact me at:
(phone) _____ or (phone) _____
have been unsuccessful, I hereby give my consent for:

(1) administration of any treatment deemed necessary by:

(Physician) Dr. _____

Address _____

Telephone (_____) _____

(Dentist) Dr. _____

Address _____

Telephone (_____) _____

If the designated preferred practitioner is not available, another licensed physician or dentist has my permission to give treatment.

(2) and the transfer of the child to (preferred hospital) _____
(or any hospital reasonably accessible)

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Signature of parent/guardian _____ Date _____

PART II (refusal to consent)

I DO NOT GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Signature of Parent _____ Date: _____