

STREATOR TOWNSHIP HIGH SCHOOL FIELD TRIP PERMISSION/EMERGENCY FORM

My child _____ has permission to attend _____ Football Team Camp _____
STUDENTS NAME CLASS / ORGANIZATION

at _____ Maroa High School _____ on _____ 7/12-7/13 _____. Students attending the
PLACE TO BE VISITED DATE OF FIELD TRIP

above field trip will be under the supervision of Streator High School Personnel.

Students are required to remain with the group from the time they leave Streator High School until they return.

HEALTH INFORMATION:

DATE OF BIRTH _____

(List any health concerns, chronic conditions or medications) _____

ALLERGIES:

To Parent/Guardian: To serve your child in case of an accident or sudden illness, it is necessary that you furnish the following information.

NAME

PHONE NUMBERS

MOTHER

HOME

WORK

CELL

FATHER

HOME

WORK

CELL

In case of emergency, and we cannot be reached, school personnel have permission to call a relative or close friend who will assume responsibility for my child:

NAME	RELATIONSHIP TO STUDENT	HOME	PHONE
------	-------------------------	------	-------

If in the judgment of school personnel, medical care is needed and we cannot be contacted, the school personnel have permission to take our child to receive this medical care. If transportation is needed to an emergency care facility, we agree that he/she may be transported in a privately owned car or ambulance. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Our child's doctor is

Dr. _____ Telephone# _____ Address _____

Mother/Guardian _____

Signature

Father/Guardian _____

Signature