



Iona Preparatory School Field Trip Permission form

Student Name: _____

Function/Activity: _____

Dates & Times of Activity: _____

Location of Activity: _____

RELINQUISH OF CLAIMS AGAINST IONA PREPARATORY SCHOOL

I/we the parent(s)/guardian(s) of _____ request that Iona Preparatory allow my/our son to participate in _____.

In consideration for making the arrangements for this trip and to the fullest extent allowed by law, I/we recognize and acknowledge that there are risks in my son's presence and participation in the school sponsored activity. I agree to indemnify, hold harmless, waive and relinquish any and all claims I may have against Iona Preparatory School and its officers, agents, employees, representatives or volunteers arising out of, in connection with the activity my child/ward participates except for claims arising out of the sole negligence and willful and wanton misconduct of the Iona Preparatory School and its employees and representatives.

Parent/Guardian (Print) _____

Parent Signature _____ Date: _____

MEDICAL RELEASE

Our permission is hereby given to _____ to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in the event of an accident or medical emergency involving

(Student)

Parent/Guardian (Print) _____

Parent/Guardian Signature _____ Date: _____
(Parent or Guardian)

OVER →

(Attached is a copy of my child/ward's current health benefit medical card)

Insurance Carrier/company name and type of plan:

Insurance ID/Number: _____

Insured's Name: _____

Emergency contact if you cannot be reached:

Name: _____

Telephone: _____

Physician(s) name: _____

Physician(s) phone: _____

Allergies, Reactions (circle one): NO YES

If "yes" please specify: _____

Current Medications: _____

Any other health facts that we should be aware of? _____
