



ONEONTA MONTESSORI SCHOOL
Field Trip/Medical Authorization Form



[Empty rectangular box for student name]

Student's Name

Your child may have an opportunity to participate in nature walks and field trips during the school year/summer camp which involves leaving the school campus. Parent authorization is required for transportation and any medical emergencies that may arise. Details of walks/specific trips (date, time, place, what to bring, etc) will be posted/sent home before each trip. This authorization is valid for the school year as well as summer camp unless withdrawn in writing by the parent.

As a condition of participation, you are requested to sign the following authorizations:

TRANSPORTATION AUTHORIZATION

On fieldtrips, it is anticipated that transportation will be provided by chartered vehicles or privately owned vehicles. All humanly possible protective care and precaution for the safety and welfare of the children will be taken on the trip by ONEONTA MONTESSORI SCHOOL. However, if incidents occur due to circumstances beyond their control, by this consent I hereby absolutely indemnify and hold harmless ONEONTA MONTESSORI SCHOOL, its officers, operators, instructors, agents and employees, including gratuitous volunteers, from and against any and all claims for loss or damage to property, or injury to person, that may be sustained by the said minor or through any fault of ONEONTA MONTESSORI SCHOOL, its officers, operators, instructors, agents, and employees, including gratuitous volunteers, on account of his or her participation in the said trip or transportation to and from the said trip. I hereby give consent to ONEONTA MONTESSORI SCHOOL to provide transportation as set forth above:

MEDICAL AUTHORIZATION

In the event of illness or injury, I do hereby consent to x-rays, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing such medical or dental services. I further agree not to hold liable ONEONTA MONTESSORI SCHOOL, its officers, employees or agents for any such medical or health care services provided.

[Empty rectangular box for parent/guardian signature]

Signature of parent or guardian

[Empty rectangular box for date]

Date

- 1. Please identify all medications used by your child on a regular basis.

[Empty rectangular box for medication list]

- 2. If your child has any special medical needs, please describe:

[Empty rectangular box for special medical needs]

[Empty rectangular box for mother's name]

Mother's Name

[Empty rectangular box for home phone #]

Home phone #

[Empty rectangular box for work phone #]

Work phone #

[Empty rectangular box for cell phone #]

Cell phone #

[Empty rectangular box for father's name]

Father's Name

[Empty rectangular box for home phone #]

Home phone #

[Empty rectangular box for work phone #]

Work phone #

[Empty rectangular box for cell phone #]

Cell phone #

[Empty rectangular box for student's date of birth]

Student's Date of Birth

[Empty rectangular box for health insurance company]

Health Insurance Company

[Empty rectangular box for policy number]

Policy Number

[Empty rectangular box for parent/guardian signature]

Signature of Parent/Guardian

[Empty rectangular box for date]

Date