

# Mary G. Montgomery High School

## FIELD TRIP PERMISSION & MEDICAL RELEASE FORM 2019-2020

This form must be completely filled out, signed by the parent /guardian and given to the teacher in charge of the field trip. **NO STUDENT WILL BE ALLOWED TO PARTICIPATE WITHOUT A COMPLETED FORM.** Guardians must have legal documentation of custody on file in the student records to be valid.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher: Mr. Graham Bennett/Mr. Mark Knauss

Title of Trip: Away Band Trips

Date of Trip: TBA

### PERMISSION TO PARTICIPATE

As parent or legal guardian of the above named student, I hereby grant permission for their participation in the field trip planned for the date and destination indicated. I further release the Mobile County Public School System, Mary G. Montgomery High School, and any member or agent thereof from any claim of liability incurred while on this trip.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### MEDICAL RELEASE

As parent or legal guardian of the above named student, I do hereby authorize the teacher/sponsor/or person acting as chaperone to acquire emergency medical treatment if needed for my child while participating in this school sponsored event. I further grant permission to any qualified medical personnel or medical facility to render such medical treatment as is judged to be reasonable and necessary in the event of injury or illness. I further agree to be responsible for the payment of any charges incurred in the treatment of the person named on this form. In signing this form I am indicating that I understand this agreement and that permission is fully authorized for treatment of my child.

Medications my child is allergic to and should not take: \_\_\_\_\_

My child has a medical condition that may need attention of this trip: ( ) NO ( ) YES

If YES, please specify: \_\_\_\_\_

My MEDICAL INSURANCE COMPANY is: \_\_\_\_\_ ( ) NONE  
POLICY NUMBER: \_\_\_\_\_

### PHONE NUMBERS:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Cell 2: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_