



SACRED HEART YOUTH MINISTRY

10800 Henderson Rd.

Ventura, CA 93004

(805) 647-8623

E-mail Address: shym@sacredheartventura.org

FIELD TRIP PERMISSION SLIP

To: the Coordinator of Sacred Heart Youth Ministry

I hereby permit: _____

(Print Student's Name)

to participate on: _____ at _____

(Date)

(Time)

In the field trip to: _____

I agree to direct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give Sacred Heart Youth Ministries personnel permission to use their judgment in obtaining medical service for the child and I give permission to the physician selected by Sacred Heart Youth Ministry personnel to render medical treatment deemed necessary and appropriate by the physician.

I understand that any insurance benefits that are effective have limited application.

(Parent or Guardian Signature)

(Home phone Number)

(Address)

(Work or Cell phone Number)

(City) (State) (Zip)

(Date)

MEDICAL RELEASE INFORMATION

(Family Doctor Name)

(Phone Number)

(Parent Insurance Carrier) (Policy Number)

(Phone Number)

Parents will be notified in the event of any situations that require medical attention. In the event that we cannot reach you, who else may we notify in case of an emergency?

(Print Name) (Phone Number)

(Relationship)

PLEASE NOTE ANY MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE