

ONEONTA MONTESSORI SCHOOL
Field Trip/Medical Authorization Form

Student's Name: _____

Your child may have an opportunity to participate in field trips during the summer/ school year. Parent authorization is required for transportation and medical emergencies. Details of specific trips (date, time, place, what to bring, etc) will be sent home before each trip. These authorizations are valid for the summer/ school year unless withdrawn in writing by the parent.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.

Signature of parent or guardian _____
Date

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

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

Mother's Name _____
Home phone # _____
Work phone # _____
Cell phone #

Father's Name _____
Home phone # _____
Work phone # _____
Cell phone #

Student's Date of Birth _____
Health Insurance Company _____
Policy Number

Signature of Parent/Guardian _____
Date