



**Saint Nicholas School**  
762 Fifth Street  
Struthers, Ohio 44471

**PLEASE FILL OUT  
ONE FORM PER STUDENT  
RETURN TO SCHOOL:  
FRIDAY, AUGUST 23<sup>RD</sup>, 2019**

**FIELD TRIP EMERGENCY FORMS  
2019-2020**

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**STUDENT'S NAME**

**GRADE**

Purpose: to enable parents and guardians to authorize the provision of emergency treatment for students who become ill or injured while being transported to or from school by bus, while under school authority, when parents or guardians cannot be reached.

\_\_\_\_\_  
Mother- daytime phone number

\_\_\_\_\_  
Father-daytime phone number

\_\_\_\_\_  
Guardian-daytime phone number

\_\_\_\_\_  
Emergency contact name and phone number

In the event that reasonable attempts to contact me at the phone numbers listed have been unsuccessful, I hereby give my consent for (1): the administration of any treatment deemed necessary by the following:

Dr. \_\_\_\_\_ (preferred physician) Phone # \_\_\_\_\_ or

Dr. \_\_\_\_\_ (preferred dentist) Phone # \_\_\_\_\_ or,

in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2): the transfer of the child to \_\_\_\_\_ (preferred hospital)

Phone # \_\_\_\_\_ or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, contact lens usage, and any physical impairments to which the physician should be alerted:

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Note: This information will be available on the bus in case of emergency during field trips.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date