



Saint Nicholas School
 762 Fifth Street
 Struthers, Ohio 44471

**PLEASE FILL OUT
 ONE FORM PER STUDENT
 RETURN TO SCHOOL:
 WEDNESDAY, AUGUST 26TH, 2020**

**FIELD TRIP EMERGENCY FORMS
 2020-2021**

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:

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

 Signature of Parent/Guardian

 Date

