

Immaculate Conception School  
321 South Metter Ave.  
Columbia, IL 62236  
(618)-281-5353

Mission \* Community \* Service

Curricular/Co-curricular Activities  
Consent and Medical Treatment

I/We, the parent(s) / guardian(s) of \_\_\_\_\_

request that Immaculate Conception School allow my son / daughter to participate in a trip to

\_\_\_\_\_ on \_\_\_\_\_.

In consideration for the making of the arrangements for this trip, we hereby release and save harmless the School and all its employees from any and all liability arising to my/our son/daughter as a result of this trip. We/I agree that it is our responsibility to arrange for our son/daughter to be transported home at our expense in the event of a violation of civil law or if deemed necessary by the designated trip leader.

We further authorize any emergency medical treatment, including hospitalization, that may be necessary as a result of any accident or injury arising from participation in the above activity and assume responsibility for payment thereof. We understand that this authorization is in advance of any diagnosis and is given as authority to render any treatment deemed necessary.

Transportation will be by \_\_\_\_\_

Parents or Guardians signature: \_\_\_\_\_

\_\_\_\_\_

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

Student Information

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone number: \_\_\_\_\_

Special medical needs: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Insurance company for Hospitalization: \_\_\_\_\_

Policy #: \_\_\_\_\_