

ST. PAUL'S LUTHERAN SCHOOL

112 North Border
Troy, Illinois 62294
618-667-6314

PERMISSION/AUTHORIZATION

2010-11 SCHOOL YEAR

_____ has permission to accompany his/her classmates of St. Paul's Lutheran School, Troy, Illinois, on field trips during the 2010-11 school year, with the understanding that prior notification will be given of each proposed trip.

I also authorize my child's teacher, principal or approved sponsors to seek emergency medical assistance for my child in the event that I cannot be located, or should immediate attention be deemed necessary by the medical personnel summoned.

Signatures must be signed in the presence of a notary.

SEE BACK FOR IMPORTANT ADDITIONAL INFORMATION.

Parent Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____. Witness my hand and official seal.

(Affix seal here)

Notary Public _____

Parent Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____. Witness my hand and official seal.

(Affix seal here)

Notary Public _____

IN CASE MY CHILD BECOMES ILL OR IS INJURED AT SCHOOL OR DURING SCHOOL-RELATED ACTIVITIES. I CAN BE REACHED BY CALLING:

Parents Names _____

Address _____

Home telephone number _____

Cell phone numbers: Father _____ Mother _____

e-mail addresses: _____

Father's place of employment _____

FATHER'S BUSINESS TELEPHONE NUMBER _____

Mother's place of employment _____

MOTHER'S BUSINESS TELEPHONE NUMBER _____

Name of Primary Insurance Company _____

Plan/Group No. _____ Telephone No. _____

IF NEITHER PARENT CAN BE REACHED, CALL RELATIVE OR FRIEND WHO IS:

Name _____ Telephone No. _____

Relation to student _____

Name _____ Telephone No. _____

Relation to student _____

IF NONE OF THE ABOVE CAN BE REACHED, CALL MY CHILD'S DOCTOR WHO IS:

Doctor's Name _____ Telephone No. _____

City/Hospital _____ Telephone No. _____

Dentist's Name _____ Telephone No. _____

CHILD'S ALLERGIES: _____

OTHER IMPORTANT MEDICAL INFORMATION: _____