

# St. Paul's Episcopal School

161 Dogwood Lane  
Mobile, Alabama 36608  
(251) 342-6700

## Parental Permission Form

DATE \_\_\_\_\_

Permission is hereby granted for my child \_\_\_\_\_

to accompany you on **Off Campus Band Trips** during the 2019-20 school year.

In consideration for your taking my child on the trip, I understand and agree that from the time my child leaves St. Paul's campus until his/her return, he/she will be under your control and supervision and under the control and supervision of those assisting you. You have my permission to exercise parental supervision over him/her. I further understand that offenses such as smoking, theft, destruction of property, and use of alcohol or drugs may result in probation, expulsion and/or disciplinary action, as determined by the Headmaster; and that students will be expected to respect all rules and regulations on dress, curfew, etc., as deemed necessary by the School and chaperons. Should my child be involved in the destruction of property, the expenses of same will be my responsibility.

This letter will further evidence my express consent for such medical treatment and/or surgery to be given and performed to and upon my child as appears to be reasonably necessary in the exercise of prudent medical judgement of a doctor of medicine (i.e. M.D.) at any point on the trip at which sickness or accident occurs. In this regard, it is understood that any medical, hospital and/or surgical expenses which may be incurred as a result of treatment recommended by any such doctor will be borne by me.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

### EMERGENCY INFORMATION:

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ DR'S PHONE NUMBER \_\_\_\_\_

LIST OF ALLERGIES \_\_\_\_\_

LIST ANY MEDICATION REQUIRED \_\_\_\_\_

HEALTH INSURANCE COVERAGE \_\_\_\_\_ POLICY NO. \_\_\_\_\_

PERSON TO CONTACT IN EMERGENCY IF PARENTS CANNOT BE REACHED: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

*Please fill out and return by August 5, 2019*