FIELD TRIP PERMISSION SLIP AND MEDICATION(S)

St. Stephen's Episcopal School, Houston, 1800 Sul Ross Houston, TX 77098

Name of Participant	
Age of Participant	
Group Description or Homeroom	
ACTIVITY	
Date and Time of Activity	
Location of Activity	
Description of Activity	
Transportation to/from Activity	
EMERGENCY CONTACT	
Name of Parent / Guardian	
Mobile Phone	
Work Phone	
Home Phone	
ALTERNATE EMERGENCY CONTACT	
Name of Alternate Emergency Contact	
Mobile Phone	
Work Phone	
Home Phone	
MEDICAL CONDITION(S)	
Teachers and chaperones of the Activity need to be aware that the participant has the following medical condition(s) (e.g., asthma, diabetes, allergies). Please attach an additional page if necessary.	

RELEASE, INDEMNITY, AND MEDICAL TREATMENT AUTHORIZATION

This is to certify that my child* (named above) has my permission to participate in the Activity, as specified above. I understand that my child*/I will be away from the campus of St. Stephen's Episcopal School, Houston (the "School") during this Activity. Furthermore, I understand that this Activity is being undertaken under the auspices of the School, and I understand that teachers will supervise the Activity

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and that chaperones will assist the Group. I certify that my child* is/I am in good health and can participate in the Activity with the Group.

I understand it is my sole responsibility to decide on and implement any activity restrictions which I deem necessary for my child's*/my personal welfare and safety.

AS ADDITIONAL CONSIDERATION FOR MY CHILD*/ME BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I, INDIVIDUALLY AND ON BEHALF OF MY CHILD*, HEREBY RELEASE, DISCHARGE, INDEMNIFY, DEFEND, AND HOLD HARMLESS ST. STEPHEN'S EPISCOPAL SCHOOL, HOUSTON AND ST. STEPHEN'S EPISCOPAL CHURCH, AND THEIR RESPECTIVE SHAREHOLDERS, TRUSTEES, MEMBERS OF THE VESTRY, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AFFILIATES, VOLUNTEERS, CHAPERONES, AND REPRESENTATIVES (ALL SUCH ENTITIES AND INDIVIDUALS BEING REFERRED TO COLLECTIVELY HEREINAFTER AS THE "RELEASED PARTIES") FROM ANY AND ALL CLAIMS ARISING OUT OF OR IN ANY WAY RELATED TO MY CHILD'S*/MY PRESENCE AT THE LOCATION OF THE ACTIVITY AND/OR MY CHILD'S*/MY PARTICIPATION IN THE ACTIVITY, WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (WHETHER SOLE, JOINT, OR CONCURRENT) OR GROSS NEGLIGENCE OF THE RELEASED PARTIES.

I have read and voluntarily signed this Release and Indemnity, and I further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made. I understand this document includes a full and final release and indemnification of all claims.

In case of accidents or illness, I authorize St. Stephen's Episcopal School, Houston to request and obtain necessary medical services for my child*/me should an emergency arise as determined by the teachers and/or chaperones. I acknowledge and understand that the cost of any such medical care is my financial responsibility and/or that of my legal guardian, if any.

*Or ward if and as applicable

Signature of Parent or Guardian _____

Date _____

Signature of Parent or Guardian _____

Date _____

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Student's Name	
Age of Student	
Name of Teacher	
Homeroom Class	
Will your child be taking medication during the Activity?	__ YES. Please use one form for each medication (prescription or over-the-counter). __ NO. Please sign below.
MEDICAL INFORMATION	
Prescribing Physician's Name	
Diagnosis	
Name of Medication	
Length of time student has been taking the Medication	
Possible side effects from the Medication	
DOSAGE AND SCHEDULE	
Dosage	
Medication to be administered	__ As Needed __ On the Dates and Times Below
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Signature of Parent or Guardian _____

Date _____

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Medication Dispensation Record

Student's Name	
Name of Teacher	
Homeroom Class	
Medication	
Dosage	

Date	Time	Dosage	Initials