



St. Benedict's

PREPARATORY SCHOOL

Date: _____

To Whom It May Concern:

I give my son _____ permission to participate in the school trip listed below.

Date of trip: _____

Destination: _____

Course/Activity: _____

Faculty Moderator: _____

Other Information:

I have listed below any current medical conditions, allergies, or medications that my son has. Furthermore, I give permission to the faculty moderator or a designated representative of the St. Benedict's Prep faculty/staff to order emergency treatment for my son in the event of accident or illness, provided that attempts to reach me have been unsuccessful.

Parent Printed Name

Parent Signature

Date

Emergency #

Alt. Emergency #

Please list medical conditions, allergies, and/or medications:

****A trip requiring a student to miss class must be approved by his Group advisor.****

Group Advisor

Group