



List any physical restrictions:

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List allergies to food or drugs: please be specific

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Please list any dietary needs or preferences, i.e, - vegetarian. Please be specific

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List any medications that your child may be taking with him/her on this trip. What is the dosage how often does it need to be taken:

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Physician Information

\_\_\_\_\_  
Family Physician's Name (*print*)

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Physicians Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Insurance Information

\_\_\_\_\_  
Health Insurance Provider (*print*)

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_  
Insurance ID number

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Insurance Phone Number

**NOTRE DAME HIGH SCHOOL  
OVERNIGHT FIELD TRIP  
AUTHORIZATION/EMERGENCY FORM**

I request that my child participate in the Notre Dame High School trip and give permission for him/her to travel to, and participate in the activities.

In the event of an emergency, I hereby give Notre Dame High School, through its designated personnel, permission to obtain for my child to obtain for my child whatever medical and surgical care the attending licensed medical authorities judge necessary. I understand that Notre Dame High School will make every reasonable effort to reach me in case of an emergency. This authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code.

I understand that all school regulations are in effect at all times and agree to instruct my child to follow all school regulations and staff instructions concerning schedule and behavior. I understand that if my child fails to follow the instructions given, or violates the rules of behavior to such a degree that the leader of the trip feels it necessary, I will be notified and my child will be sent back home. I agree to assume the cost of transporting my child home (via the most convenient means as determined by Notre Dame) and agree to assume responsibility for my child while in route home.

By signing this form, I agree to release, hold harmless and indemnify Notre Dame High School, the Congregation of Holy Cross, school staff and any individual operating in conjunction with the school from any financial or other responsibilities in the event of damage or injury suffered by my child as a result of participation in the school trip and assume full financial responsibility for the same. Furthermore, I understand that Notre Dame High School and the trip's chaperones are not responsible for my child's personal property. I understand that normal and prudent supervision will be attempted and that all reasonable precautions will be taken in the interest of personal safety.

\_\_\_\_\_  
Student's Name (*print*)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Alternate Number

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date