



**SAINT MARY'S ACADEMY**

TRADITIONAL CATHOLIC SCHOOLS OF THE SOCIETY OF ST. PIUS X  
200 EAST MISSION STREET SAINT MARYS, KANSAS 66536  
PHONE (785) 437-2471

Student Grade Level \_\_\_\_\_

***Release of Liability/Emergency Medical/Field Trip Permission Form  
2017-2018***

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**EMERGENCY CONTACT/PARENT/GUARDIAN INFORMATION**

Mother/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

In the event that a parent/guardian cannot be reached contact one of the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**STUDENT'S HEALTH HISTORY**

Student's Age \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Does your child have a diagnosed medical condition? \_\_\_ NO \_\_\_ YES, circle all that apply:

Asthma Cancer Cardiac Condition Diabetes Seizures Sickle Cell Disease Sickle Cell Trait

Other health and mental health conditions not listed: \_\_\_\_\_

Does your child have a health condition which may require emergency action while he/she is at school?

(e.g., seizure, allergy, asthma, diabetes, heart problem, or other problem) \_\_\_ NO \_\_\_ YES, describe: \_\_\_\_\_

Allergies: \_\_\_ NO \_\_\_ YES, please list: \_\_\_\_\_

Does your child regularly take any medications, prescription and/or over-the-counter? \_\_\_ NO \_\_\_ YES, please list: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**PHYSICIAN/INSURANCE INFORMATION**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Group #: \_\_\_\_\_

POLICY HOLDER: Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

Preferred hospital (Optional) \_\_\_\_\_ **\*Signature required on back**

**PERMISSION TO TRANSPORT**  
**PERMISSION TO PARTICIPATE**

I/We give permission for my/our child to participate in school-sponsored trips away from the school premises throughout the 2017-2018 school year and consent to allow any of the priests of the Society of Saint Pius X, the teachers of St. Mary's Academy, any parishioners or other volunteers, or whomever any of these so delegates to transport my/our child to and from any of these field trips.

**RELEASE OF LIABILITY AGREEMENT**

I/We understand that there are risks involved with participation in off-campus trips and their associated activities. In consideration of my/our child being allowed to participate in these events, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/We agree to release and hold harmless The Society of Saint Pius X of St. Mary's, Inc., also known as St. Mary's Academy, The Society of Saint Pius X, South-West District Inc., its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my/our child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

**PERMISSION TO TREAT**

In case of any accident, illness, or other incident requiring medical attention, I/we request that the school contact me/us. If the school cannot reach me/us after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a serious emergency exists, I/we give permission for school staff to call paramedics or any licensed physician or dentist immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any x-ray examination, anesthetic, CPR, medical, dental, or surgical treatment, and/or hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of emergency transport and/or the previously mentioned services being provided. I/We give permission for the release of health information including verbal, print, fax, and electronic media, necessary for the treatment of my/our child to the appropriate SMA personnel and/or attending health care providers.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_