



St. Jane Frances de Chantal School

1900 Washington Blvd., Easton, PA 18042

610-253-8442

www.stjaneschool.com

Dear Parents/Guardians,

Throughout the school year, educational experiences may be provided which occur outside the school building. Students will be notified in advance of the time, date destination and purpose of each trip. I'm excited to tell you that we've been able to work successfully to change the procedure for field trip permission slips.

Starting now, each family is required to complete one Emergency Card per child which will be kept on file for the year. This form includes Emergency Contact Information, Health Care Information, and Specific Medical Information about each child. This information will only be requested once - on this form.

IF YOUR CHILD NEEDS TO HAVE PRESCRIBED MEDICATION WITH HIM/HER ON ANY FIELD TRIP, IT IS THE PARENT'S RESPONSIBILITY TO PERSONALLY NOTIFY THE SCHOOL NURSE (EXT. 121) BEFORE THE SCHEDULED TRIP SO THAT ARRANGEMENTS CAN BE MADE TO COMPLY WITH YOUR REQUEST.

When a field trip is scheduled, families will complete a specific field trip form which will require only signatures, a phone number, and any special or new health concerns.

The purpose of this is to alleviate the need to provide Health Care provider details and etc. over and over again throughout the year. We hope this makes life easier. Please see the attached Emergency Card and SAMPLE Field Trip Permission Slip.

Please print & complete one Emergency Card per child and forward to each child's teacher by August 30th, 2018.

Thank you.

Sincerely,

Marybeth Okula

Principal



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Emergency Information Card

Student Name: _____ Date of Birth: _____ Class: _____

Parent/Guardian: _____ Cell Number: _____

Parent/Guardian: _____ Cell Number: _____

Home phone: _____

Address: _____

Emergency Contact: (If parent is unable to be reached)

Name: _____ Phone: _____

I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) wish to be advised prior to any further treatment by the hospital or doctor.

Family doctor: _____ Phone: _____

Medical Insurance Information:

Health Plan Carrier: _____ Group# _____ I.D. _____

Subscriber's Name: _____

I (we) hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my (our) child, if deemed appropriate.

Specific Medical Information: The parish/school should be aware of the following medical conditions and will take reasonable care to see that the following information will be held in confidence.

Allergic reactions: (medications, foods, plants, insects, etc.) _____

Immunizations: (Date of last tetanus/diphtheria immunization) _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?

If so, date and disease or condition: _____

Other medical conditions of my (our) child: _____

Medications: My (our) child is taking medication at present. My (our) child will bring all such necessary medications, and such medications will be well-labeled. Names of medications and concise directions for seeing that child takes such medications, including dosage and frequency of dosage, are as follows: _____

Parent Signature: _____ Date: _____



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Field Trip Permission Slip

I (we) grant permission for my (our) child, _____ (Participant) to participate in this parish/school event that requires transportation to a location away from the parish/school site. This permission includes all related programs or events associated with the event. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from St. Jane School. My (our) child understands and agrees to abide by all rules and regulations established by the school/parish pertaining to such field trips. I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child.

Description of Activity: _____

Date: _____

Destination of event: _____

Estimated time of departure: _____ Estimated time of return: _____

Travel information: _____

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions by the above named minor ("participant"). In consideration for my (our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we and our heirs, successors and assigns, agree to release and to hold harmless and defend:

St. Jane Frances de Chantal School, and the Diocese of Allentown, Bishop Alfred A. Schlert, D.D., J.C.L., and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the trip (all of whom are collectively referred to as the Diocese) from claims or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

Please make the following changes to the Emergency Card on file: _____

No changes are needed to the Emergency Card on file.

* Participant's Signature: _____ Date: _____

* Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number: _____

Special health concerns listed on the back of this sheet.

Medications: My (our) child is taking medication at present. My (our) child will bring all such necessary medications, and such medications will be well-labeled. Names of medications and concise directions for seeing that child takes such medications, including dosage and frequency of dosage, are as follows:
