

**St. Patrick School
318 Limestone St.
Maysville, KY 41056**

_____ has my permission to participate in the school trip. I release and hold harmless the school and all sponsors of all liability in connection with the trip.

The student and others whose signatures appear below do hereby consent to any and all medical and surgical treatments, including anesthesia and operations, which may be deemed necessary and/or advisable by his/her attending physician and surgeons. The intention hereof, being to grant authority to administer and perform all and singularly, any procedures, which may now or during the course of the patient's care be deemed advisable or necessary. I/we also agree that the patient, when admitted, is to remain in the hospital until his/her physician recommends the patient's discharge.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

EVERY EFFORT WILL BE MADE TO CONTACT PARENTS/GUARDIANS IN ADVANCE OF TREATMENT, BY TELEPHONE, IN CASE OF INJURY OR ILLNESS.

Signature of Minor-Patient

Signature of Father/Guardian

Date

Signature of Mother/Guardian

INSURANCE INFORMATION:

Company Name: _____

Policy Number: _____

Additional Information: _____

Any and all medications to which my son/daughter may be allergic _____

Medications my son/daughter is currently taking and reason for each: _____
