

CONSENT FORM

To be signed by both parent and student

For the Student:

I understand that no tobacco, alcohol or drug use or illegal activities will be tolerated. If I violate this rule, I understand that my actions will be reported to my parents and the school authorities. In addition, I understand that local police authorities will be notified and the student(s) will be subject to the school disciplinary actions listed in the 2011-2012 Albertus Magnus High School Student Handbook.

I understand that at any time prior to or during the trip, the principal or chaperones may search belongings.

I understand that as a safety precaution, I will not travel alone at any of the locations visited.

I realize it is a privilege to attend the College Bus Tour and I will conduct myself in a mature, respectful manner at all times.

I have read and understand all parts of this form. I agree to follow it while attending the College Bus Tour. Any infraction will be dealt with according to the procedures outlined above.

Student Signature: _____ Date: _____

For the Parent/Guardian:

I request Albertus Magnus High School include my son/daughter _____ on the College Bus Tour taking place on November 10th, 2011.

I have read and discussed this form with my son/daughter. I agree to the provisions including financial responsibility for any property damage incurred or expenses should he/she need to be returned home during the trip.

By signing this form, I consent to have my child participate in this trip and agree to hold harmless Albertus Magnus and its agents from any actions, claims, or demands that may be placed on them

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Contact's Phone: _____

****Let's have fun but let us do so with Intelligence, Good Humor, and Mutual Respect****

ALBERTUS MAGNUS HIGH SCHOOL
STUDENT MEDICAL INFORMATION FORM
(Confidential)

Student Information

Student Name _____

Address _____

Telephone: (Home): _____

Student Cell: _____

Parent Cell: _____

Insurance

Each student should determine whether his/her medical insurance coverage includes coverage for medical problems which occur away from home. If you have such coverage, please state as follows:

Name & Address of Family Physician

Name _____

Address _____

Telephone _____

Drug Sensitivities or Physical Limitations

The student is known to react unfavorably, is allergic to, or requires special treatment:

Allergies/Illness _____

Medication/Treatment _____

*Student is responsible for his/her medication which should be clearly labeled.

Medical Consent/Authorization

It is the understanding of this student and respective parent(s)/guardian that in the event of a medical emergency requiring medical care to be administered immediately, the student and respective parent(s)/guardian authorize that such emergency medical treatment shall be given and consent to such treatment at a hospital or other health care dispenser, or initially by faculty staff, if necessary.

The undersigned have read the above and declare and affirm that they consent to the contents herein stated.

Parent(s)/Guardian Signature

Office / Daytime Phone

Student Signature

Home Phone

Social Security Number of Student

Date