

FIELD TRIP PERMISSION AND EMERGENCY MEDICAL FORM

The signature(s) below certify that permission is given for _____ to attend the Carnegie Vanguard Fish Camp from 1:30 Thursday, August 21, 2008 until 5:30pm Saturday, August 23, 2008. It is understood that the trip to and from Camp Cullen and the stay at the camp itself is for academic and recreational purposes, as preparation for the Fall 2008 Semester at Carnegie Vanguard High School. I/We will not hold the camp proprietors or employees, the Carnegie Vanguard staff, teachers, students, chaperones/parents, Carnegie Vanguard High School or the Houston Independent School District liable for any damages, injuries, or ill-health resulting from attendance of this activity.

Signature of parent/guardian

Signature of parent/guardian

EMERGENCY MEDICAL TREATMENT

I/We, the undersigned, hereby give my/our permission for the Carnegie Vanguard Fish Camp Coordinator (or designee) and the nurse to see and/or authorize emergency medical treatment during the time that my/our child is at the Carnegie Vanguard Fish Camp at Camp Cullen, or in transit August 21, 2008 – August 23, 2008. I/We, the undersigned, will be responsible for the payment for such medical aid and/or treatment.

My/Our medical insurance is with _____

Name of insurance &/or employer of group coverage

My/our medical/hospitalization policy number is: _____

Signature of parent/guardian

Signature of parent/guardian

Parent/Guardian telephone numbers:

Daytime: _____ Evening: _____ Call: _____

Alternate person to notify if parent/guardian cannot be reached: _____

Alternate person's contact numbers:

Daytime: _____ Evening: _____ Call: _____

Any allergies for the student listed above? _____

Other important medical information: _____

