

Blessed Sacrament School Extended Day Program  
Bobcat Summer Camp  
1745 East 9800 South  
Sandy, Utah 84092  
Catholic Diocese of Utah

**Field Trip Permission Form Summer 2008**  
**June 1, 2008-August 31, 2008**

**Student Name:** \_\_\_\_\_

I, the undersigned, parent or legal guardian of the above-mentioned student, request that the Extended Day Program/Bobcat Summer Camp allow my child to participate in the field trips scheduled for the Extended Day Program/Bobcat Summer Camp for the period mentioned above. I hereby release and save harmless the school and any and all of its employees from any and all liability for any and all harm arising to my child and for any loss of property as a result of this trip.

Permission is given (please initial appropriate spaces):

\_\_\_\_\_ For my child to travel by public or chartered transportation.

\_\_\_\_\_ For my child to travel in a parent's / teacher's car.

**Medical Permission Form**

I, the undersigned, parent or legal guardian of \_\_\_\_\_, a minor, do hereby appoint advisors and/or chaperons as agent(s) for the undersigned for the purpose of authorizing and signing any consents for any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of nearest emergency hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which any physician in the exercise of his/her best judgment may deem advisable.

This authorization is given and shall remain effective from June 1, 2008 to August 31, 2008 unless sooner revoked in writing to said agent(s).

---

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Necessary Medical Information**

1. Full Name of Child \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. In Case of Accident, Call \_\_\_\_\_
4. Home Telephone \_\_\_\_\_
5. Home Address \_\_\_\_\_
6. Work Telephone/Cell Phone \_\_\_\_\_
7. Alternate Person to Call \_\_\_\_\_
8. Telephone \_\_\_\_\_
9. Physician's Full Name \_\_\_\_\_
10. Telephone \_\_\_\_\_
11. Family Insurance Policy \_\_\_\_\_
12. Policy Number \_\_\_\_\_
13. Describe in full any allergies (drug, food, insect bites, etc.) or limitations on physical ability  
Drug Allergies \_\_\_\_\_  
Food Allergies \_\_\_\_\_  
Other Allergies \_\_\_\_\_  
Physical Limits \_\_\_\_\_  
Current Medication \_\_\_\_\_