FIELD TRIP PERMIT

I,_____, the parent and/or legal guardian of_____
a minor, give my permission for him/her to travel with the WMHS Chapter of Business Professionals of America and sponsor, Stacy Gallegos, to Heritage High School, 14040 Eldorado Pkwy Frisco, Texas 75035 on **Saturday January 21, 2012** to attend the BPA Regional Leadership Conference. Travel to and from will be by **Bus.**

Due to conflicting activities, I realize that some students may need to find alternate transportation either to or from Heritage High School. Please check which method of transportation your student will be using.

To Heritage H.S.	Bus ☐	Parent/Student Vehicle ☐	(Name of Person Driving) →	
From Heritage H.S.	Bus	Parent/Student Vehicle	(Name of Person Driving)	

I release the school and its personnel of any and all liabilities. In the event there arises an emergency necessitating medical attention for my child, I do hereby authorize that treatment be given by qualified and licensed medical personnel. I understand I will be notified as quickly as possible and that all expenses incurred in treatment will be assumed by my insurance or by me. Should medical attention be needed, I hereby authorize the sponsor to administer aid until said qualified medical personnel arrive.

_____ _____ _____ _____
Signature (Parent and/or Guardian) Home Phone # Work Phone # Cell Phone #

MEDICAL INFORMATION

I, _____of _____,
Name Address City State Zip
also give my consent for the transfer to any hospital reasonably accessible, and consent to release the medical information provided.

_____ Date _____
Member's Signature

_____ Date_____
Parent/Guardian's Signature

The following information is needed by any hospital or practitioner not having access to the member's medical history:

	Does the member have:	**Any items marked "Yes" should be Explained below**
1.	Any allergies	_____Yes _____No
	Food	_____Yes _____No
	Medication	_____Yes _____No
	Other (bee stings, etc.)	_____Yes _____No
2.	Any health problems or physical disabilities	_____Yes _____No
3.	Any respiratory problems	_____Yes _____No
4.	Any diabetes	_____Yes _____No
5.	Any epilepsy	_____Yes _____No
6.	Any chronic disease	_____Yes _____No
7.	Any emotional or psychological problems	_____Yes _____No
8.	Any medication being taken at present	_____Yes _____No
9.	Any Glasses Y/N, Contact Lenses Y/N, Hearing Devices Y/N worn?	

If any of the above questions are marked "YES", please explain. If taking medication, please give name, amount of dosage, and time medication is taken.

_____

Date of last tetanus booster: _____
Month Day Year

Does student have all required immunization shots? _____Yes _____No

Name of Medical Insurance Carrier, Policy #/Group #, and the name of the Insured (primary holder of policy)

_____