

SICR Document #1A

Authorization for Participation in a Field Trip

PART I: To be completed by sponsoring school organization/department activity.

Saint Ignatius College Prep, 1076 W. Roosevelt Road, Chicago, will sponsor a field trip.

Sponsor is St. Ignatius Chicago Rowing Teams Boys/Girls

on See Attachment A 20 18/2019

Supervisor of this outing is St. Ignatius Chicago Rowing Team Coaches

Destination and purpose of this trip is: See Attachment A

Charges to be paid by the student for this outing are: Included in Team Fees

PART II: To be signed by the student.

I wish to participate in the outing described above. If I am permitted to go, I promise to observe the applicable school rules and the directions of those in charge.

Date: _____ Student Signature: _____

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PART III: To be completed and signed by student's parent(s)/guardian(s).

The undersign grants permission to the designated representative of Saint Ignatius College Prep to authorize the emergency medical treatment considered necessary by qualified medical personnel for the student whose name appears below. The authorization is for school days and at school sponsored events as stated in the school insurance policy while the student is in the attendance at Saint Ignatius College Prep. It is understood that every effort will be made to contact the parents/guardians immediately when an emergency occurs.

Student Name: _____

Student Date of Birth: _____

Student Medical Conditions/Allergies: _____

Student Current Medications: _____

Student Home Address: _____

Parent/Guardian Home Phone #: _____

Relative/Friend Emergency Contact: _____

Emergency Contact Phone #: _____

I have read and understand all three parts of this form. _____ is hereby given my permission to participate in the activity described above. I further authorize Saint Ignatius College Prep to change this activity, or even cancel it, if such change or cancellation appears necessary or desirable in the judgment of an appropriate official of the school, provided such a change or cancellation does not materially increase the expenses of the student or his/her parents or guardians set forth above, and provided also that any changes do not notably affect the character of the activity. My permission is given with the additional understanding that the school's accident insurance is applicable.

My child has permission to travel to and/or from this activity as indicated below by my initials on the appropriate line or lines below: (initial all for which you grant permission).

- _____ With a coach, faculty member or representative of Saint Ignatius in a school vehicle or school procured vehicle.
- _____ In a privately owned vehicle of a coach, faculty member, or representative of Saint Ignatius.
- _____ In another student's vehicle.
- _____ Driving our family vehicle.
- _____ I grant permission for my student to transport other students in our family vehicle.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date