



St. Paul's Lutheran School

1626 E. Broadway Ave.

Enid, Oklahoma 73701

(580) 234-6646 Fax: (580) 234-6692



FIELD TRIP PERMISSION / EMERGENCY MEDICAL RELEASE / PEGASY'S RELEASE School Year: 2022-2023

Name:				D.O.B.	
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Child's First Name

Child's Middle Name

Child's Last Name

Child's Date of Birth

Parent/legal Guardian (s) Name:					
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Address:				Home Phone	
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Street

City

State

Phone Number

Father's Employment:		Work Phone:	
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Mother's Employment:		Work Phone:	
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Place of Employment

Work Phone

Ext.

EMERGENCY CONTACT (in town) IF PARENTS CANNOT BE REACHED

Name:		Home Phone	
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Cell Phone		Work Phone		Relationship:	
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Student's Medical Doctor:		Phone:	
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Student's Dentist:		Phone:	
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Hospital of Preference:		Phone:	
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List Any Allergies:			
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List Any Medications:			
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Name of Insurance:			
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Policy Number:		Group Number:	
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Policy Holders Name:			
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I give permission for my son/daughter _____ to go on field trip events with sponsors from St. Paul's Lutheran School. I understand that I will be notified in advance of such trips. I also understand that my child will be riding in transportation vehicles of St. Paul's Lutheran Church OR School, OR with parents of school children. **NO ONE UNDER 25 YEARS OF AGE MAY DRIVE ONE OF THE VEHICLES OWNED OR OPERATED BY ST. PAUL'S LUTHERAN CHURCH OR SCHOOL.**

I understand that every effort will be made to contact me in case of an accident or emergency. In the event the school is unable to reach me, I give my permission to St. Paul's Lutheran School personnel to summon emergency help if the injury is serious or of doubtful nature. **ST. PAUL'S DOES NOT CARRY ACCIDENT OR MEDICAL INSURANCE ON ITS STUDENTS. IT IS THE RESPONSIBILITY OF EACH PARENT TO SECURE MEDICAL AND ACCIDENTAL INSURANCE FOR THEIR CHILDREN.**

My Child can can not be a part of any printed publicity for St. Paul's, including Star Student of the month in local paper.

My Child can can not be a part of any broadcast format for radio or television.

Parent / Guardian signature: _____ Date: _____

Agree to the above information, paste signature here or After printing sign here return to office.

NO PART OF THIS FORM MAY BE LEFT BLANK. IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY JOB CHANGE, ADDRESS CHANGE, OR PHONE NUMBER CHANGE. If we cannot find you in an emergency, critical time is wasted trying to look for you. We know that you want the best for your child and so do we. Please keep us informed of any and all changes so that we can properly care for your child in an emergency.