

St. Ephrem School

5340 Hulmeville Road, Bensalem, PA 19020

FIELD TRIP PERMISSION FORM

We (I) as parent(s) or legal guardian(s) of _____ give permission for our (my) child to participate in:

Field Trip _____ Date _____

This permission includes all related programs or events associated with the field trip. In consideration for our (my) child's participation, we (I) and our (my) child agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we (I) agree to release and hold harmless St. Ephrem School, St. Ephrem Parish, and the Archdiocese of Philadelphia and their employees and representatives, from claims arising or related to our (my) child's participation.

Our (My) child understands and agrees to abide by all rules and regulations established by the school pertaining to such field trip.

We (I) consent to and give permission for emergency medical care for our (my) child that may be needed as a result of our (my) child's participation:

Insurance Information (optional)

Insurer _____

Group # _____

ID # _____

Student's Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

N.B. Each student must return the signed permission form before being permitted to participate on the field trip.

Both parents/guardians are required to sign the permission form unless court documentation is provided establishing sole custody of the student. If a parent/guardian is unable to sign for a **valid** reason, that reason must be noted on this form.