

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from _____ School.

A brief description of the activity follows:

Name of the event : _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: _____

Cost: _____

If you would like your child to participate in this event, please sign, and return the following statement of consent and release of liability by _____ (date). As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____ in the event described above, and release the Diocese from any liability that may occur as a result of this trip. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

(Print Parent/Guardian's Name)

(Parent/ Guardian's Signature)

(Date)

PERMISSION FOR EMERGENCY TREATMENT

On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some states students under 21 years of age, might not be administered an anesthetic or operated upon without the written consent of the parent/guardian, we request the parent/guardian sign the following statement. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact the parents. The designated Supervisor of this activity will attempt to contact the parent prior to exercising the emergency treatment consent.

In the event of injury and/or illness to our son/daughter/ward, _____
Student
born, _____
Month/Day/Year

we hereby authorize a designated representative of the school who has been appointed as the primary chaperone of this field trip to obtain and give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release the Diocese, school and the representative from any and all claims which may arise from the representative's obtaining and consenting to said medical treatment.

Date Telephone Number Signature of Parent/Guardian

Emergency Telephone Number Emergency Contact Person

Comments: _____

State of Florida
County of _____

The foregoing instrument was acknowledged before me this _____
Date

Name of Person Acknowledged

who is personally known to me or who has produced _____
Type of identification

as identification and who did/did not take an oath.

Signature of Person Taking Acknowledgment Name of Acknowledger Typed, Printed or Stamped