

Date: _____

**PARENTAL FIELD TRIP AND TRANSPORTATION
NOTIFICATION AND LIABILITY WAIVER**

We, the parent or guardian of : _____
(Child's name)

permit our son/daughter to attend the _____
(name of trip/destination)

being planned by: _____ on _____
(parish representative) (date)

from (start and end times) _____ to _____.

The purpose of this trip is: _____

We, as parents/guardians of the undersigned minor(s), hereby consent and agree to hold harmless St. Charles Borromeo Parish and/or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the activity and our child(s) event arranged transportation necessary to participate in the aforementioned activity. We understand that our child/ren will be assigned to ride with a licensed adult driver, driving a privately-owned automobile, or school bus and that this assignment will be made by the aforementioned teacher/faculty advisor.

I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge or adult chaperone(s) to secure proper treatment for my son/daughter.

Parish Representative Signature: _____ Date: _____

Child Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Accident/Hospitalization Policy Name: _____

Policy Number: _____ Parent Phone #s: _____

PLEASE NOTE THAT PARENT(S)/GUARDIAN(S) MUST SIGN AND DATE.