

**FIELD TRIP DAY PERMISSION**  
**Catholic Schools Office**  
Archdiocese of Galveston-Houston

DESCRIPTION OF FIELD TRIP: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DATE: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_ AM / PM RETURN TIME: \_\_\_\_\_ AM / PM

NUMBER OF SUPERVISOR #: \_\_\_\_\_ NUMBER OF STUDENTS: \_\_\_\_\_

MODE OF TRANSPORTATION:  Bus service  Rental vehicle  Parent vehicle  Other: \_\_\_\_\_

FIELD TRIP OBJECTIVE: \_\_\_\_\_

SPECIFIC MATERIALS TO BE BROUGHT: \_\_\_\_\_

**INSTRUCTIONS FOR STUDENTS:**

1. Follow teacher directions.
2. Stay with the group at all times.
3. Follow school code of conduct.

**EMERGENCY INFORMATION**

PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_ GROUP#: \_\_\_\_\_

I do not carry medical insurance at this time.

PREFERRED HOSPITAL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER/GUARDIAN NAME: \_\_\_\_\_ MOTHER/GUARDIAN NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**PERMISSION**

By signing this form, I \_\_\_\_\_  
*(Parent or Guardian)* certify that I request and give permission for my child to attend this field trip. I have been given the details above, and I release and hold harmless the school and any and all of its employees from any and all liability for any and all harm arising to my/our child as a result of this trip, and waive any claims against them.

I, \_\_\_\_\_  
*(Parent or Guardian)* do hereby authorize school administration to render first aid for illness or injury to my child named above. In the event of a medical emergency, I authorize school administration to have my child transported to the nearest hospital /emergency care center for emergency medical or surgical treatment and to contact my child's physician and any of the emergency contacts listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency.

I do hereby release, hold harmless and indemnify the Most Reverend Daniel Cardinal DiNardo, of the Archdiocese of Galveston-Houston and his successors in office, the Diocese of Galveston-Houston, \_\_\_\_\_ School and any other of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the nearest hospital/emergency care center.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_