

The Roman Catholic Community of Elizabeth, Glassport, South Allegheny

101 McLay Drive
Elizabeth, PA 15037
Phone: 412-751-0663
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Field Trip Registration Form

Name of Field Trip: _____ Date of Field Trip: _____

Name: _____ Birthdate: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade: _____ Age: _____

Church: _____

Permission

I/we, the parent(s)/guardian(s) of the above mentioned child, give permission for my/our child to participate in the above mentioned field trip on the above written dates.

Medical Authorization

In the event of any injury or illness to my/our child during his/her participation in this field trip, I/we hereby give my/our permission for the necessary medical treatment to be administered to my/our child.

I/we agree that in case of injury or illness to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of any/all expenses incurred and will not hold responsible **Saint Michael Church, St. Mark Church, Queen of the Rosary Church or the Roman Catholic Diocese of Pittsburgh** for the payment of any medical costs or injury related costs.

Parent/Guardian Signature(s): _____

Parent/Guardian Phone Number(s): _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

Secondary Emergency Contact (Name and Phone Number)(Family or Friend):
