

Field Trip Registration

Name of Field Trip		Date of Field Trip		
Name	Age	Sex		
Address	City	State	Zip	Phone
School	Grade	Birth Date	Parish	

PERMISSION

I/we, the parents or guardians of the above mentioned child, for myself/ourselves and for my/our 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 given to my/our child.

I/we agree that in case of injury to my our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to Divine Redeemer Parish or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature

Parent/Guardian Phone Number

Insurance Company

Policy Number

Name and Phone Number of Person if parent/guardian is not available