

**ARCHBISHOP McNICHOLAS HIGH SCHOOL**  
**FIELD TRIP/ACTIVITY PERMISSION FORM**

I, the lawful parent or guardian of \_\_\_\_\_ [please print student name] hereby grant consent for my child to participate in the following sanctioned field trip/activity of Archbishop McNicholas High School.

**Activity : Class of 2020 to the National Underground Railroad Freedom Center**

**Location :** 50 East Freedom Way, Cincinnati, Ohio 45202  
**<https://www.freedomcenter.org/>**

**Faculty Member planning event - TERESA M DAVIS**

**Starting Date/Time: 8:30 AM - Ending Date/Time : 1:30 PM**  
**(students will be released for the day upon return)**

**Type of Transportation Bus Transportation for all students**

I, the lawful parent or guardian, release from all liability, and indemnity and hold harmless the officers, agents, representatives, volunteers, and employees ("agents") from any and all liability, actions, causes of action, claims, judgments, cost or expenses, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in or traveling to or from an event or practice associated with participation in the activity listed above.

I agree to instruct my child to cooperate with the McNicholas agent(s) in charge of the activity.

- A. I appoint Archbishop McNicholas High School or its agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present with respect to the following matters in any injury, illness or medical emergency occurs during the activity:
  - 1. To give any and all consents and authorizations to any physician, dentist, hospital, or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of my child.
  - 2. I understand that the agents of Archbishop McNicholas High School will make a reasonable attempt to contact me as soon as possible in the event if a medical emergency involving my child.
  - 3. I understand this authorization does not cover major surgery unless the medical opinions to two licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery.
- B. The powers and authority granted herein may be revoked by me by written notice delivered to Archbishop McNicholas High School or its agent(s) who are then acting or who have previously acted hereunder. Without such a written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetency. This power of attorney shall lapse automatically upon completion of the activity.

I understand that my child's emergency medical information will be drawn from that which I have already provided via FinalForms.

**I HAVE CAREFULLY READ THIS STATEMENT, AND MY SIGNATURE ACKNOWLEDGES THAT I FULLY UNDERSTAND ITS CONTENTS AND MEANING.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Phone