

ST. PAUL CATHOLIC

H I G H S C H O O L

FIELD TRIP PERMISSION AND WAIVER

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name _____

Parent/Guardian's Name _____

Home Address _____

Home Phone _____

Business Phone _____

Cell Phone _____

I _____ request that
Parent/guardian name

my child _____ be included in the field trip and I grant permission
Student name
for him/her to participate in the activity identified below that requires transportation to a location away from the school/parish site. A brief description of the activity follows:

March for Life Pilgrimage 2020
Type of event

Washington, DC, and Alexandria, VA
Destination of event

Bus
Mode of transportation to and from event

Thurs., Jan. 23 - Fri., Jan. 24, 2020
Date(s) of event

6am 1/23/20
Expected Time of Departure

11pm 1/24/20
Expected Time of Return

*Please return completed form and \$75 (check or cash) checks made out to SPCHS) by Friday, Dec. 13.

Policy 4.125
Field Trip Permission and Waiver Form
DRH: 08.06.2010

Balance of \$75 due by Friday, Jan. 10.

(See other side)

As parent and/or legal guardian, I remain legally responsible for any actions taken by the above named minor ("participant").

I agree to be responsible for any damages or costs incurred by or on behalf of my child of any nature arising from or in connection with my child attending the event, or in connection with any illness, injury, or cost of medical treatment in connection therewith.

I hereby release and discharge St. Paul Catholic High School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford,) its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liabilities, suits, claims, demands, actions or damages (including attorney's fees) incurred by me or by my child or are in any way related to or arising out of participation in the above event, including, without limitation, all claims for property damage, personal injuries or wrongful death, including any claims which allege negligent acts or omissions of or by St. Paul Catholic High School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs.

I understand that by signing this form I am releasing St. Paul Catholic High School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford) its/ their officers, directors, agents, employees, chaperones, volunteers, successors, assigns, and heirs.

Should I choose not to sign this form, I recognize that my child will not be able to participate in the above event. If the event takes place on a school day, my child instead will attend school at St. Paul Catholic High School and will participate in the school program of that day.

* Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, I assume all responsibility for the health of my child, and for the cost and expense of any medical treatment should such become necessary while my child is participating in the field trip.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child by a physician, qualified nurse and/or hospital or other health care facility while my child is participating in the field trip. Further, I hereby release and discharge St. Paul Catholic High School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford,) its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability arising out of such medical treatment.

The field trip supervisor should be aware of the following special medical conditions of my child: (Describe condition with particularity, including any warning signs, medications, or special instructions.)

- Allergic reactions
- Asthma
- Diabetes
- Medically prescribed diet
- Medications that may need to be taken on an emergency or routine basis while my child is at the site
- Physical limitations
- Other conditions

Type of insurance -Please check Blue Cross/CMS Connecticare other

Membership # _____

Name of child's regular physician: _____ Telephone # _____

Emergency contact name: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

* Signature: _____

Date: _____

Signature: _____

Date: _____