



# Field Trip Permission Form

Student/Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Date of Event/ Field Trip: May 25, 2018 Type of Field Trip: K-8 Track & Field Day

Lunch Expectations: **Please provide bag lunch or PIN to purchase one from school** ACCOUNT PIN: \_\_\_\_\_

*\*\*If you write your student's account pin number for lunch than you are agreeing to purchase a lunch from school and one will be provided for you on Filed Day*

*\*\* Bag lunch is preferred*

Student Cost/ Destination: FREE for all students- Located at West Minnehaha Playground

\_\_\_\_\_

Individual(s)/ Teacher(s) in Charge: Mr. Sam Thompson (All Grade School & Junior High Faculty)

Estimated Time of Departure: 9:00 AM Return: 2:45 PM

Mode of transportation to and from Event: Saint Agnes School Bus

**Emergency Medical Treatment:** In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

\_\_\_\_\_  
Name Relationship Phone Number

## Health Information:

Medication my child is taking at present: \_\_\_\_\_

For headache or minor pain, my child may be given: \_\_\_\_\_

Allergies (include all allergies): \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Family Health Plan Carrier Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, give my permission for \_\_\_\_\_ to participate in the above-described event. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school from any claims or law suits brought by myself, my child or others, that arise out of any behavior by my child at the event/ activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/ school in defense of such a claim/ suit.

I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the code of conduct provided by the parish/ school while participating in the event. I understand that if my child violates the code of conduct he/she may be required to be transported home at my expense.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_