

## **FIELD TRIP PERMISSION**

### **St. Emily / St. Thomas Becket Religious Education Program**

I/We, the parents (legal guardians) of \_\_\_\_\_ request that St. Emily / St. Thomas Becket Religious Education Program allow my (our) child to participate in a field trip on Tuesday, November 6, 2018. This trip will be bus trip to various sites important for Catholic history in Chicagoland.

I understand that the trip will begin at **8:30 AM** at St. Emily. There will be various stops through the day, and the students will return to St. Emily by **2:45 PM**.

I hereby release and indemnify St. Emily and St. Thomas Becket Parishes, their staff and volunteers, and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my (our) child's participation in this event.

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*Parent or guardian's signature*

*Date*

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*Parent or guardian's signature*

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*Date*

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## **AUTHORIZATION FOR MEDICAL TREATMENT**

In the event that the undersigned, or my (our) authorized physician, cannot be reached, and in the judgement of the Director of Religious Education of St. Emily Parish or other responsible person accompanying the group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I hereby authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary.

*Medical Insurance Co.* \_\_\_\_\_ *Policy Number* \_\_\_\_\_

*Physician's Name* \_\_\_\_\_ *Telephone* \_\_\_\_\_

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*Parent or guardian's signature*

*Date*

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*Parent or guardian's signature*

*Date*