

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.

Parent or guardian's signature

Date

Parent or guardian's signature

Date

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* _____

Parent or guardian's signature

Date

Parent or guardian's signature

Date