



DUE: Thursday, February 20, 2020

**MOUNT DE SALES ACADEMY
FIELD TRIP PERMISSION FORM**

Tel. 410.744.8498

Fax 410.747.5105

To: Parents (Legal Guardians)

Field Trip for: Junior Retreat at National Shrine of Elizabeth Ann Seton

Date: Friday, February 28, 2020

Departure Time: 7:15am

Cost: -

Return Time: 7:30pm

Trip Description and Educational Purpose: A retreat experience for the Junior Class to grow in their relationship with God and one another.

Transportation Provided By: Woodlawn Motor Coach

Please initial if this applies to you:

_____ I will be dropping off and picking up my daughter at the National Shrine of Elizabeth Ann Seton in Emmitsburg, MD on Friday, February 28, 2020. I understand that I am responsible for her attendance and transportation for this retreat. I will make sure my daughter is dropped off between 8:15-8:30am. I will also make sure I pick her up at the shrine between 5:30-5:45pm. I understand that if I am not there to pick my daughter up by 5:45pm, I am responsible for picking her up at Mount de Sales that evening.

Meal Arrangements:

Bring a Bag Lunch _____

Buy Lunch _____

Meals Provided x (lunch & dinner)

Appropriate Attire:

Full School Uniform _____

Other x (comfortable MDSA dress down attire)

As a participant, parent, or guardian, you must understand that there is a possibility that an injury could occur despite efforts to ensure safety and despite sensible behavior counsel by the designated chaperones. Mount de Sales Academy and its chaperones accept no responsibility for any injury occurring during the extent of the trip unless based upon gross negligence. Reasonable care will be taken by the supervising personnel to see to the safety of all participants.

I understand fully that unless gross negligence is proven on the part of Mount de Sales Academy or its chaperones, I hold the same harmless for any liability resulting from this trip including transportation to/from the trip location. I understand that all students participating in the trip must adhere to the Mount de Sales Academy regulations regarding drugs and alcohol. I hereby authorize and give in loco parentis permission to the chaperones of this trip to seek medical attention and in the event that I cannot be reached by reasonable efforts in an emergency, I hereby give permission to the physician selected by the chaperones of this trip to secure proper treatment for my child.

*I understand that during the trip Mount de Sales Academy's code of conduct, as prescribed in the **handbook**, applies. Participants will conduct themselves accordingly and follow the direction of the supervising chaperones, or they will be disqualified and sent home early from the trip.*

I authorize Mount de Sales Academy to take my daughter on the above-referenced trip.

I understand that if there is a payment for this field trip, it is non-refundable.

Participant Name: _____

Participant E-mail: _____

Parent/Guardian Authorization Signature/Date: _____

Parent/Guardian E-mail: _____

Parent/Guardian Emergency Phone Numbers: _____

Insurance Carrier: _____ **Policy Number:** _____

Participant's Doctor's name/phone number: _____

Allergies (please include food allergies): _____

Medicines Being Taken: _____

Existing Medical Conditions: _____

If you have any questions or concerns, please email mbolesta@mountdesales.org.