Field Trip Permission Form

ARCHDIOCESE OF WASHINGTON- Catholic Schools

Participant's Name: _____ Sex: ☐ ☐ Birth Date: _____
Print Student's Legal Name *Male Female* *mm/dd/yyyy*

Parent/Guardian Name: _____
Home Address: _____
_____
Home Phone: _____ Alt. Phone: _____

Consent and Release of Liability

Type of Event: _____
Date of Event: _____
Estimated Time of Departure :_____ Estimated time of return:
Cost of Event: _____
Destination of Event: _____
Individual In-charge: _____
Mode of Transportation To/From Event: _____

I, _____, grant permission for my child, _____,
Parent/ Guardian's Full Name *Print Student's Name* to participate in the school event described above that may require transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/ or volunteers from <<Type School's Name Here>>.
As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend << Type School's Name Here>>, its parish, officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Name of Parent/Guardian: _____
Print Parent/Guardian Full Name
Signature of Parent/Guardian: _____ Date _____
Sign Your Name *Today's Date*

Medical Information and Acknowledgment

Parent/Guardian Acknowledgment: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment or to seek medical treatment from available health professionals as necessary. I wish to be advised prior to any non-emergency treatment by the hospital or doctor.

In the event of an emergency, if you are unable to reach me above numbers, contact:

Name: _____ Relationship to Student: _____
Print Full Name of Emergency Contact
Phone No. _____ Alt. Phone No. _____ Ext. _____
Licensed Health Care Professional: _____
LHCP phone number: _____

Please note: In the event a child becomes ill with non-emergency symptoms such as headache, vomiting, sore throat, fever, or diarrhea, chaperones and/or representatives associated will notify parents immediately.

Medications (If Applicable): If your child will require the administration of medication on this field trip aside from emergency medications and those authorized by ADW Student Medication Authorization (Form 8), the medication must be provided to the school, in the original package/container, with a doctor's order, even for over-the-counter medications. Please indicate the names of the medications to be given on the field trip below.
Provide medication name(s) and dose(s) here: _____
_____

Specific Medical Information: The school will take reasonable care to see that the following information will be held in confidence.
Allergies (medications, foods, plants, insects, etc.): _____
Does the child have a medically prescribed diet**?** ☐ yes ☐ no If yes, please describe _____
_____
Any physical limitations ☐ yes ☐ no If yes, please explain _____
_____

My child has these special current/new medical conditions:_____
_____

For overnight trips only: Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? ☐ yes ☐ no If yes, please explain: _____
_____

Signature of Parent/Guardian: _____ Date _____
Sign Your Name *Today's Date*