

SCHOOL FIELD TRIP PARTICIPANT FORM (Day Trip)

Participant's name: _____ Date of birth (MM/DD/YY): _____
Parent/Guardian's name: _____ Home Phone: _____
Home address: _____

I, _____, grant permission for my child _____, to
Parent/guardian name *Child's name*
participate in this parish/school event that requires 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 _____ (Name of school).

Event name/type: _____

Date(s) of event: _____

Location of event: _____

Individual in charge: _____

Estimated date/time of departure and return: _____

Mode of transportation to and from event: _____

As parent and/or legal 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 _____ (Name of Parish/School), its officers, directors, employees and agents, and the **Diocese of Sacramento**, its employees and agents, chaperones, 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/school, its officers, directors and agents, and the **Diocese of Sacramento**, its employees and agents and chaperones, or representative 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/school or the **Diocese of Sacramento**.

Signature: _____ **Date:** _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge that 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. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Relationship to Child: _____
Phone: _____ Alt Phone: _____
Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ **Date:** _____

MEDICATIONS: Typically, no medications will be dispensed or taken during a day field trip. Please work with the school administration on any foreseeable exceptions.

SPECIFIC MEDICAL INFORMATION: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does the child have a medically prescribed diet? _____

Does the child have any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

Signature: _____

Date: _____