

PARENTAL REQUEST FOR PRE-K THROUGH 12 SCHOOL FIELD TRIPS

(PLEASE PRINT)

INFORMATION ABOUT THE EVENT

EVENT: _____ COST: _____
DATE(S): _____ TIME: _____
PARISH/SCHOOL: _____

INFORMATION ABOUT MY YOUTH

Name of Youth: _____ Date of Birth _____

Home Address: _____

Name of Parent/Guardian: _____

Work Phone: _____ Home: _____

Emergency Number for above date: _____

MEDICAL INFORMATION: Please list all information pertaining to allergies, diet, special medication, health conditions or any other information necessary in an emergency situation.

Explain fully: _____

CONSENT AND RELEASE

General: I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg; the above Parish/School; and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

Medical: I request the Parish/School representative obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment.

ANY FIELD TRIP MAY INVOLVE EXPOSURE TO THE SUN. PLEASE ASSESS YOUR CHILD AND THE AMOUNT OF EXPOSURE AND TAKE APPROPRIATE PRECAUTIONS.

Transportation: I request that my youth ride as a passenger in a parish owned school bus.

STUDENTS MUST ACCOMPANY THE CLASS TO AND FROM THE FIELD TRIP.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED.