



FIELD TRIP PERMISSION AND RELEASE

FIELD TRIP INFORMATION:

Class/Grade Level: all seniors

Destination of Field Trip: Marian

Purpose of Field Trip: Senior Lock-In

Date/Approx. Time of Departure: Wednesday, May 22 (10:00 PM)

Date/Approx. Time of Return: Thursday, May 23 (7:00 AM)

Mode of Transport: None

Overnight Accommodations (if applicable): Yes

Student Participation Fee: \$0

Additional Information: Donations are being collected for food items, and parent volunteers are being organized separately.

***PARENT/GUARDIAN PERMISSION AND RELEASE:**

Parent/Guardian Name _____

Address _____

Telephone _____

Student Name _____ Student Age _____ Student Grade _____

Check one of the following two options and fill in the blanks:

_____ Yes. I have received the Field Trip Information concerning the field trip to _____ (fill in Destination) on _____ (fill in Date), and request that the school allow my child to accompany the class/grade on the field trip.

_____ No. I have received the Field Trip Information concerning the field trip to _____ (fill in Destination) on _____ (fill in Date), and DO NOT request that the school allow my child to participate in the field trip. (Although you have checked "no," you should still sign the form below).

In consideration of the aforementioned student, my child, being allowed to participate in this activity, I, on behalf of myself, my child and my child's other parent/guardian, hereby acknowledge recognition that such an activity may expose my child to risks and hazards not ordinarily encountered in school. Further, on behalf of myself, my child, and my child's other parent/guardian, I hereby release the above named School and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgments and liability of every kind for any injury and damage of any kind, whether personal or property, that we or any one of us may suffer or incur due to my child's participation in the activity, regardless of whether the injury or damage is attributable to the fault of parties other than the School or Diocese or attributable to the fault, including negligence, of the School or Diocese.

I have instructed my child to follow the rules of conduct as directed by the school.

Date

Parent/Guardian Signature

* A new form must be completed for **each** trip.

EMERGENCY MEDICAL CARE FORM

Note: Parents must sign either Part I (Consent...) or Part II (Authorization to notify of Refusal of Consent...) prior to the commencement of each school year for each child enrolled in a Diocesan School. Parents are responsible for updating the information on this form during the school year should changes occur.

Part I. Consent to Emergency Medical Care

Name of Child: _____ School: _____ Grade: _____
In the event of an emergency, I request that the school make reasonable attempts to contact me at _____ (phone number) or _____ (other parent/adult) at _____ (phone number).

I understand that in an emergency, exigent circumstances may prevent the school from contacting me immediately, or the school may be unable to reach me. I therefore consent to the school taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.

I understand that decisions concerning the type of emergency medical care or treatment administered are made by health care providers and not by the school and that exigent circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the school may disclose to a health care provider. (Parents/guardians may check and complete any of the following):

_____ Dr. _____ is my preferred physician and Dr. _____ is my preferred dentist.

_____ _____ is my preferred hospital.

_____ Receipt of my consent prior to my child receiving major surgery unless the medical options of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

_____ Other:

The school may also disclose the following checked information to a health care provider:

_____ Insurance Information: Insurance Company Name _____
Policy/Group/Claim No. _____

_____ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child:

I understand that in the event of an emergency, the school will make reasonable efforts to notify a health care provider of the above-checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Parent/Guardian

Date _____ Signature _____

Part II. Refuse to Consent to Emergency Medical Care

Name of Child: _____ School: _____ Grade: _____
In the event of an emergency, I request that the school make reasonable attempts to contact me at _____ (phone number) or _____ (other parent/adult) at _____ (phone number).

I understand that decisions concerning the administration of emergency care or treatment are made by health care providers and not the school. I do NOT want emergency medical treatment or care administered to my child. In the event of an emergency, I authorize the school to inform any health care providers of my wishes. While I understand that the school will make reasonable efforts to contact me and/or notify a health care provider of my wishes prior to the administration of any emergency medical care or treatment, I understand that exigent circumstances may prevent this. I also understand that I, not the school, am responsible for communicating my wishes to the appropriate medical personnel.

Date

Parent/Guardian Signature