

DIOCESE OF ORLANDO FIELD TRIP PERMISSION FORM AND RELEASE OF LIABILITY FOR ST. JOHN VIANNEY SCHOOL

I am the parent/guardian of _____, and give my permission for my child to travel in _____ to attend the field trip to _____ on _____.

I acknowledge that (SCHOOL/PARISH) is responsible for transportation only from the Church's property to the event, and that I must bring my child to the (SCHOOL/PARISH) and pick my child up after the event. My child also must comply with the (SCHOOL'S/PARISH'S) field trip rules and procedures. By granting this permission, I also waive any claims against, and release and hold harmless, (SCHOOL/PARISH), THE Diocese of Orlando, and any of their religious, employees, volunteers, agents, and representatives, from any harm that occurs to my child while participating in the field trip.

In the event my child requires medical treatment or transportation for medical care, (SCHOOL/PARISH) will attempt to contact me at the number(s) listed below. If they are unable to reach me, (SCHOOL/PARISH) may contact the designated emergency contact at the number(s) listed below. If the chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child to the nearest emergency room or physician's office, or to call an emergency paramedic ambulance service.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian (Print Name)

Emergency Contact (Print Name)

Phone Numbers:

Phone Numbers:

Home: _____

Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

My Child is covered by the following medical insurance:

Insurance Co. Name: _____ Group# _____

Allergies: _____ Chronic/Acute Illnesses _____

PLEASE FILL OUT BOTH SIDES OF THIS FORM

MEDICAL INFORMATION FORM

Child's Name: _____

Parent/Guardian: _____

Allergies to Medications: _____

Chronic or Acute Illnesses: _____

Medication Presently Being Taken: _____

Other Facts We Should Know: _____

Doctor's Name: _____ Phone: _____

Name of Insurance Company insuring your child: _____

Group# _____ Identification# _____

Toll Free Number of Insurance Company _____

Does your child have a medical condition that limits them in participating in any of the field trip activities? _____ Yes _____ No

If yes, you must provide documentation from physician advising of the limitations before you child may attend the field trip.

Does your child need to take medication while on the field trip? _____ Yes _____ No

If yes, you must provide a physicians note with adequate instructions for administering the medication and the medication must be in its original container marked with your child's name. In addition please read the following paragraph and initial below:

I give my permission to the chaperones, volunteers, or other adult supervisors, to administer the above-referenced medication to my child, and I release and hold harmless (SCHOOL/PARISH), the Diocese of Orlando, and any of their religious, employees, teachers, volunteers, agents, and representatives from any injury or harm resulting from administering the medication.

Initials _____

I acknowledge that all of the information provided is true and correct and will only disclosed to the chaperones, volunteers, or other adult supervisors attending the field trip and any medical providers as needed.

Parent/Guardian Signature

Date

PLEASE FILL OUT BOTH SIDES OF FORM