



PARENT/GUARDIAN PERMISSION SLIP FOR FIELD TRIP AND INDEMNITY AGREEMENT

NAME OF STUDENT:	
NAME OF PARENT/GUARDIAN:	PHONE:

As parent or guardian of the above named student, I give permission for my child to participate in the field trip described as follows:

PARISH/SCHOOL:	DATE OF TRIP:
DESTINATION/ACTIVITY:	

A separate detailed itinerary and parent consent must be provided for high risk activities.

DESIGNATED TEACHER/SUPERVISOR:		PHONE:	
MODE OF TRANSPORTATION:	DEPARTURE TIME:	RETURN TIME:	
STUDENT COST (IF APPLICABLE):			
PLEASE COMPLETE FORM AND RETURN BY:			

MEDICAL INFORMATION AND RELEASE

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

On field trips that occur during the length of the school day, any prescription medication already provided to the school will be carried and administered by staff.

If you are unable to reach a parent/guardian at the above number, contact:

ALTERNATE CONTACT NAME:	PHONE:
PERTINENT MEDICAL CONDITIONS:	

FIELD TRIP CONSENT AND RELEASE

In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school Which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

PARENT/GUARDIAN SIGNATURE:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.

☐ Yes, I am available to chaperone. I can be reached at: _____