

FIELD TRIP

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

I, _____ grant permission for my child, _____

Parent or guardian's name

Child's name

to participate in this school youth ministry 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

Parish or School

A brief description of the activity follows:

Type of event: _____

Destination of event _____

Individual in charge: _____

Estimated 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

_____, its officers, directors,

Parish or School

employees and agents, and the Diocese of Savannah, its employees and agents, chaperons, 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 school, its officers, directors and agents, and the Diocese of Savannah, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which they 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 school.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

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: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the school, its officers, directors and agents, and the Diocese of Savannah, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The school will take reasonable care to see that the following information will be held in confidence.

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

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

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

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

Photo Release for Internet and Newspaper: I hereby grant permission for photograph's taken of my child *on this field trip* to appear on one of the following communication mediums of The Catholic Diocese of Savannah: *The Southern Cross* (newspaper for The Catholic Diocese of Savannah), www.diosav.org (The Catholic Diocese of Savannah website), or www.youth.diosav.org (Office of Youth and Young Adult Ministry website). I understand that images of my child will be used only in relation to these publications and the field trip relevant to this liability form. Any other use of said images will require my full written consent. My child's signature confirms his/her approval of said photos and recognition of my consent.

Signature of Parent: _____ Date: _____

Signature of Youth Participant: _____ Date: _____

Feel free to use the back of these pages for additional information that is pertinent to the needs of your child.