

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Holy Savior School. A brief description of the activity follows:

Name and Purpose of Event _____
Destination _____
Supervisor(s) of Activity _____
Date / Time: _____
Method of Transportation: _____
Student Cost: _____
Your child needs to bring: _____

If you would like your child to participate in this event, please complete, sign, and return* the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I request that Holy Savior School allow my child _____ to go with the school on a field trip to _____. Transportation to and from the destination will be by _____. I understand my child will leave school at _____ and return at _____.

I hereby indemnify and hold harmless Holy Savior School and the Diocese of Portland and any of their official representatives from any claims of damages resulting to my child on this field trip and/or while in transit to or from the event, unless said injuries were proven to be the result of the negligence of Holy Savior School or its agents. Furthermore, I authorize to have my child treated for emergency medical or dental problems that should result from injuries received, providing a licensed physician or dentist advises such treatment. I accept full responsibility for all costs of such emergency treatment.

Health Insurance Company _____

Does your child take medicine on a regular basis? Yes _____ No _____

May we give your child this medicine? Yes _____ No _____

If yes, please give name of medicine and times to be given. _____

Please indicate any allergies your child may have: (bee stings, bug bites, etc.) _____

Signature: _____ Date: _____

Address: _____ Phone: (Home) _____

(Work/Cell) _____

*Please return this entire bottom portion of this form