



# PARENT PERMISSION FORM FOR SCHOOL-SPONSORED TRIP PARTICIPATION

Appendix R

Dear Parent or Legal Guardian:

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

Saint Lawrence Religious Education School. A brief description of the activity follows:

Curriculum Goal: Pre-Confirmation/Confirmation Field Trip

Destination: Basilica of the National Shrine of the Immaculate Conception & John Paul II National Shrine

Designated Supervisor of Activity: Anne Marie Pierce Director of Religious Education & Catechists

Date and Time of Departure: November 5, 2016 7:00 AM

Date and Anticipated Time of Return: November 5, 2016 3:00 PM

Method of Transportation: Chartered Bus Student Cost: \$10.00

If you would like your child to participate in this event, please complete and sign the statement of consent below and return the form to school. As parent or legal guardian, you remain fully accountable for any legal responsibility which may result from any personal actions taken by the named student. Please be advised that parents retain the right to opt-out of any field trip planned for their children. It should also be understood, in light of world conditions, in particular threats of terrorism to Americans, it may be necessary to cancel any school-sponsored trip due to world and national developments. If restrictions are imposed, the school/Diocese will not be responsible for the loss of any monies advanced for the planned trip.

## STATEMENT OF CONSENT

*I hereby request that my child, \_\_\_\_\_, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. If I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child. I understand it may be necessary to cancel any school-sponsored trip due to world and national developments and the school/Diocese will not be responsible for the loss of any monies advanced for these planned trips.*

Parent's Name (Please Print) \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Cell Phone # \_\_\_\_\_

I accept responsibility for my behavior: \_\_\_\_\_  
Signature of Student

Emergency Contact (Print): \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Student's Current Medical Conditions: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID: \_\_\_\_\_

Allergies (Including to medications): \_\_\_\_\_

Indicate any medication student should take during trip: \_\_\_\_\_

Do you request the designated supervisor of activity to administer the above on this field trip?  Yes  No

Will student bring: Inhaler  Yes  No Epi-pen  Yes  No Glucagon Emergency Kit  Yes  No