



Special Event and Field Trip Permission Form

Event:	
Date and Time:	
Description:	

The information is a general summary of the of the extent and type of activities in which your child may be engaged, and the inherent exposure to certain risks. If you have any questions, please contact the school office at (434) 296 - 5106.

Student name _____

I/We hereby agree to indemnify and save and hold harmless St. Anne's-Belfield School from any loss, liability, damage, or cost I/we may incur arising out of or related to the event described herein whether caused by the negligence of St. Anne's-Belfield School or otherwise. I/We authorize the school to provide emergency medical care or treatment. I/We understand that the school does not provide medical or accident insurance to students. With these understandings, I/we authorize the above-named student to participate in this event.

Signed _____
Parent

Date _____

Signed _____
Parent

Date _____

Allergies (food, bee stings, etc.) and/or Medical Problems/Conditions/Medications

Parents' Telephone # Home: _____ Business: _____ Cell: _____

Emergency Contact _____
Name

Phone