ROMAN CATHOLIC
DIOCESE of ORANGE
PASTORAL CENTER: DEPARTMENT OF CATHOLIC SCHOOLS

FIELD STUDY/TRIP PARENT PERMISSION FORM

The information below must be given to the appropriate teacher/advisor prior to the outing as designated by communication of the school.

ADVISOR: Nicola Huerta GROUP: Sophomore Class DESTINATION: 1501 S. Lemon St., Fullerton, CA

DATE OF TRIP: 11/09/2026 START TIME: 11:30AM RETURN TIME: 2:15PM

MODE OF TRANSPORTATION: Charter Bus

I/we hereby request that _____ participate in the trip to Bowlero with Servite Sophomores
Student Name (please print)

I/we give my/our consent and understand that supervision and/or transportation for this event will be provided and that all diocesan and school policies will be strictly adhered to. I/we agree to direct my son/daughter to cooperate and conform with the directives and instructions of the supervisory personnel in charge of the activity.

STUDENT MEDICAL RELEASE

I/we, the parent(s)/guardian(s) of the above named student, hereby, give my/our permission for his/her participation in the activity named above. I/we am/are not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

Should it be necessary for my/our child to have medical treatment (including dental or hospital treatment) on this trip, I/we hereby give the school personnel permission to use their best judgment in obtaining medical service for my child, and I/we give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I/we agree that in the event my/our child is injured as a result of his/her participation in the above named activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of our family.

_____ _____
Parent / Guardian Signature **Parent/Guardian Signature**

_____
Home Address **City** **Zip Code**

_____
(Home Phone Number) **(Cell Phone Number)** **(Work Phone Number)** **(Date Signed)**

Insurance Company: _____ **Policy Number:** _____

Doctor's Name: _____ **Phone Number:** _____

Allergies/Medical Problems / Disabilities: _____

Student Date of Birth: _____ **Age:** _____

Parents' Email Address(es): _____

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EXTENDED TRAVEL PARENT PERMISSION FORM

School: Rosary Academy

Sponsoring Program: Campus Ministry

Advisor: Eileen Kearns

Trip Designation (s): Kairos 72 Retreat - Mission San Luis Rey, Oceanside

Dates of Trip: March 16-19, 2027

Mode(s) of Transportation: School Vans / Charter Bus

I/we, the undersigned, request that my son/daughter be allowed to participate in the above school sponsored excursion. I/we agree to abide by all of the terms as described in this document.

1. **Educational Purpose of the Trip.**
   The experience of travel, education and sport in another region presents the student with a new experience and seeks to foster new development, understanding and appreciation for regional differences. This program seeks to broaden the horizons of young people and give them better perspective on and insight into their own life experience.
   I/we understand that student participants in this program will be accompanied by Eileen Kearns & Faculty / Staff Leaders, a school appointed chaperone who will act as program coordinator. I/we agree to accept the authority of this individual. The student will afford appropriate respect, cooperation and obedience to the assigned individual.

2. **Rules and Regulations**
   I/we understand that my/our son/daughter will abide by the rules and regulations as set forth in this document, and will recognize his/her responsibility to the school, all who host him/her in the course of travel, and the other members traveling in the group. If there is a breach in this agreement, the student will be sent home unaccompanied at the expense of the parent(s)/guardian(s).

3. **Unsupervised Time (Secondary School only)**
   I/we understand that if this trip takes place over an extended period of time my son/daughter may reside with a host family. He/she will be under the care, discipline and direction of that household. *Most activities* will be of a group nature (supervised by host family parents or by a chaperone from school staff.) I/we realize that this trip may also include assigned periods of free time. During such periods, we give permission for our son/daughter to participate in recreational activities which are not supervised by school officials or by the host family.

4. **Photography**
   I hereby grant the school permission to use photographs, videotapes or movies of the participant taken in connection with this program.

5. **Authorization for Medical Care**
   If, in the opinion of the faculty chaperone (and/or host family), the participant should be in need of medical/hospital consultation or treatment at any time, I/we hereby authorize such consultation to treatment as is deemed necessary.

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STUDENT MEDICAL RELEASE

Student's Name: _____
(PLEASE PRINT)

I/we, the parent(s)/guardian(s) of the above named student, hereby, give my/our permission for his/her participation in the activity named above. I/we am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

Should it be necessary for my/our child to have medical treatment (including dental or hospital treatment) on this trip, I/we hereby give the school personnel permission to use their best judgment in obtaining medical service for my child, and I/we give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I/we agree that in the event my child is injured as a result of his/her participation in the above named activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of our family.

_____ _____
Parent / Guardian Signature **Parent/Guardian Signature**

_____
Home Address **City** **Zip Code**

_____
(Home Phone Number) **(Cell Phone Number)** **(Work Phone Number)** **(Date Signed)**

Insurance Company: _____ **Policy Number:** _____

Doctor's Name: _____ **Phone Number:** _____

Allergies/Medical Problems / Disabilities: _____

Student Date of Birth: _____ **Age:** _____

Parents' Email Address(es): _____

STUDENT BEHAVIOR CONTRACT

In order to ensure that this program is a positive experience for all involved, I understand and agree to the following while I am participating in this travel experience:

1. During this trip, I realize that I am a representative of the school. At all times, I will observe the rules of my home school as a guideline for appropriate behavior.

2. I will cooperate and abide by the rules/guidelines of chaperones, host families, groups and/or designated agencies.

3. I will satisfactorily complete all study, writing or work assignments associated with this program.

4. I understand that possession and/or use of alcoholic beverages, illegal drugs or tobacco is forbidden.

5. I will dress appropriately for all activities.

6. I will be expected to make restitution for any incurred damage to property or persons, at school or in the home, accidental or otherwise.

I understand that if any of the above is jeopardized by my behavior, my parents will be notified and I will be at risk of being sent home immediately and unaccompanied at my parents/my own expense.

_____ _____

Student Signature **Date**

_____ _____

Parent(s)/Guardian(s) Signature **Date**