DIOCESE OF CHARLOTTE CATHOLIC SCHOOLS

Parent/Legal Guardian Permission Form
For Field Trip Participation

Please return this entire form by_____

Dear Parent or Legal Guardian,

Your son/daughter, guardianship, is eligible to participate in the following school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of employees from _____School. ("School")

Activity: _____

Destination:_____

Designated Supervisor of Activity:_____

Date and Time of Departure:_____

Date and Anticipated Time of Return:_____

Method of Transportation:_____Student Cost:_____

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

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from 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.

(Check ONE of the following that applies to your child)

My child is ____under 8 years of age or 80# and needs to be in a car seat OR my child is ____over 8 years of age or 80 # and does not require a car seat.

I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by school personnel. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the teacher in charge or adult chaperone(s) to hospitalize and secure proper treatment (including surgery) for my son/daughter.

_____ _____
Parent's or Legal Guardian's Signature Date

Accident/Hospitalization Policy Name:

_____ Policy Number:_____

Emergency Contact_____

Phone Number:_____

Student Name: _____

Date: _____

Field Trip Medication Record

Please list any medication to be given to your child on the Field Trip named on the Field Trip Participation Form. This will include any medication routinely given at school or any emergency medication which may be required. The appropriate forms must be on file in the school office. Include name of medication, dose, time it needs to be given and any special directions.

Medication:_____

Dose: _____

Time _____

Please list any allergies (i.e. bee stings, poison ivy, etc.) and usual necessary treatment for these.

Allergies: _____

Treatment:_____

_____

_____

To the fullest extent permitted by law, the undersigned, on behalf of themselves, their heirs, successors, and assigns, and on behalf of the above named Student, their heirs, successors, and assigns, does hereby waive and release the School, Mecklenburg Area Catholic Schools (MACS) (if applicable), and the Roman Catholic Diocese of Charlotte, NC and their/its officers, directors, employees, representatives and agents, from any and all claims arising from or in connection with the activity referred to herein, without limitation.

To the fullest extent permitted by law, the undersigned, on behalf of themselves, their heirs, successors, and assigns, and on behalf of the above named Student, their heirs, successors, and assigns, hereby agree to defend, indemnify and hold harmless the School, MACS (if applicable), and the Roman Catholic Diocese of Charlotte, NC and their/its officers, directors, employees, representatives and agents, from any and all claims arising from or in any way connected with the activity referred to herein, without limitation.

_____ _____
Parent's or Legal Guardian's Signature Date

For school use only.

Medication administered by:_____

Date:_____ Time:_____

January, 2019