

**Field Trips**

**Parent Permission Form For Field Trip Participation**

Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the parish grounds. This activity will take place under the guidance and supervision of adult chaperones. A brief description of the activity follows:

Name of Event See the See Youth Rally

Destination Saint Peter Cathedral

Designated Supervisor of Activity \_\_\_\_\_

Date and Time of Departure \_\_\_\_\_

Date and Anticipated Time of Return \_\_\_\_\_

Method of Transportation \_\_\_\_\_

Participant Costs \_\_\_\_\_

If you would like your son/daughter 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 the actions and conduct of your child.

I hereby consent to participation by my son/daughter \_\_\_\_\_ in the event described above. I understand that this event will take place away from the parish grounds and that my son/daughter will be under the supervision of designated parish employees on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release \_\_\_\_\_ Parish, the Roman Catholic Diocese of Marquette, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releases") from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releases from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

\_\_\_\_\_  
(Print Parent's Name)\_

\_\_\_\_\_  
(Parent's Signature) (Date)

Please return this entire form by \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Person)

Tshirt Size: \_\_XS \_\_S \_\_M \_\_L \_\_XL \_\_XXL

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**EMERGENCY MEDICAL TREATMENT RELEASE FORM**

(Recommended Form)

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger the life of the student, cause a disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor \_\_\_\_\_ Relationship to you \_\_\_\_\_

Reason for which release is intended \_\_\_\_\_

Address of Minor \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

List allergies, medication, contacts, or other pertinent information:

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

Company \_\_\_\_\_ Policy \_\_\_\_\_

Group \_\_\_\_\_ Contract \_\_\_\_\_

This Release Form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or Guardian)

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**RECOMMENDED VOLUNTEER DRIVER INFORMATION SHEET**

I. Driver:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_

II. Vehicle That Will Be Used:

Name of Owner \_\_\_\_\_ Year and Make \_\_\_\_\_

Address of Owner \_\_\_\_\_ Model \_\_\_\_\_

\_\_\_\_\_ License Plate \_\_\_\_\_

Registration Expires \_\_\_\_\_

\*\*\* If more than one vehicle is to be used, required information must be provided for each vehicle.

III. Insurance Information: When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Liability Limits of Policy\* \_\_\_\_\_

\*Please note: The minimal acceptable liability limits for privately owned vehicles is \$500,000 CSL(Combined Single Limit).

IV. Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I am 21 years of age or older, hold a valid non-probationary driver's license, have no physical disability that may impair my ability to drive safely, and have required insurance coverage in effect on any vehicle used to transport students.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Rule  
Adopted: December 1, 1988  
Revised: May 10, 2001  
Updated: February 2002  
Updated: January 2003  
Updated: February 2005

DIOCESE OF MARQUETTE  
Marquette, Michigan