

*Our Mother of Perpetual Help School*

**PARENT PERMISSION AND WAIVER FOR FIELD TRIP PARTICIPATION**

Dear Parent / Legal Guardian:

On (Date) \_\_\_\_\_ your child will be eligible to participate in a school-sponsored activity requiring transportation to (Destination) \_\_\_\_\_

Under the supervision and guidance of (Teacher) \_\_\_\_\_ and designated employees/volunteers of Our Mother of Perpetual Help School.

TIME OF DEPARTURE \_\_\_\_\_ ANTICIPATED TIME OF RETURN \_\_\_\_\_

METHOD OF TRANSPORTATION \_\_\_\_\_

*\* A field trip may be canceled at any time due to safety and security concerns. Refunds are not guaranteed (if applicable).*

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and waiver of liability.

**CONSENT AND WAIVER**

I hereby consent to participation by my child, \_\_\_\_\_, 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 date. I further consent to the conditions stated above on participation in this event, including the method of transportation. I hereby agree, on behalf of the named student and his/her other parent/legal guardian, to waive any claims for liability against this school, the Diocese of Harrisburg (and any diocesan or school officers, agents of employees) which may arise from the participation of the named student in the above described event.

\_\_\_\_\_  
Parent's/Legal Guardian's Name  
(print)

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date

**MEDICAL INSTRUCTIONS AND RELEASE FORM**

Name \_\_\_\_\_ Grade \_\_\_\_\_

(For emergency) Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parents' Cell Phone Numbers \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

*In case of an emergency, we need the following information:*

1. Description of known illnesses, allergies, etc. \_\_\_\_\_

2. Course of action to be taken in regard to the above in the event of an emergency \_\_\_\_\_

*In case of an emergency, I grant permission for my child to be treated at the nearest hospital. I also realize that if any medication other than the regular first aid kit is necessary, it is my responsibility to send it to my child's teacher along with instructions and written permission for its administration.*

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date

**Please note the checked items necessary for this trip:**

\_\_\_\_\_ Lunch (from home) \_\_\_\_\_ Money for lunch/other

\$ \_\_\_\_\_ For Admission

**Because of the nature of this trip your child will be required to wear:**

\_\_\_\_\_ school uniform \_\_\_\_\_ sneakers \_\_\_\_\_ presentable play clothes (NO shorts)

**Chaperones**

We have room for \_\_\_\_\_ chaperones. Those who indicate a desire to accompany us on our trip, please sign. I would like to chaperone. \_\_\_\_\_

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

*Chaperons must have clearances before accompanying the students on a field trip or any activity.*